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Part 1.—Original Communications.

CHAPTER I.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1783.—By N. S. DAVIS, M.D., Prof. of Physiology and Pathology in Rush Medical College.

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The origin of the institutions of this, unlike those of most other countries, is involved in no obscurity; and is to be traced to no remote chivalric or feudal age. On the contrary, they have all had their birth since the middle of the seventeenth century; and been exposed to the full gaze of an enlightened world.

This, together with the fact, that they have not only had their beginning, but their maturity, thus far, among the most enterprizing people, and under the influence of the most liberal government on earth, renders every thing connected with their history, doubly interesting and important, as affording the fairest illustrations of human progress, and consequently the most valuable lessons of human experience.

The Medical Profession in the United States, and, indeed, throughout the civilized world, constitutes an important part

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of society; for while on the one hand, its ranks can boast, not only, of names of the highest eminence in every department of science and literature, but can also claim to be equal with the foremost in every enterprise for extending human knowledge, and ameliorating human suffering; its free access to the homes and firesides of all classes, gives it a moral and social influence of the most potent character. And in no part of the world is this influence more extensively or happily felt, than in this country, where the absence of all hereditary distinctions and privileged orders, leaves learning and virtue free to assume their own native eminence.

As far as can now be ascertained, but very few regularly educated physicians embarked with the first colonists that planted themselves in the wilderness of America. We are told by Dr. S. W. Williams, of Deerfield, that Dr. Samuel Fuller, a regularly educated physician and highly esteemed man, accompanied the first emigrants who landed at Plymouth in 1620. He was a faithful and devoted practitioner, and died of an infectious fever at Plymouth in 1632. The name of Dr. Russell is also mentioned as a companion of Captain Smith, in his survey of Chesapeake Bay in an open boat, in 1608. But the fact that Smith was obliged to return to Europe the very next year, to procure surgical aid, on account of an injury to his hand, "there being none to be had in the colony," shows that Dr. Russell's stay was short, or else he was not a man skilled in his profession. These are the only names that we can find mentioned among the first settlers, either at Jamestown, Plymouth, or New-York. The fact that there were either very few physicians among the early colonists, or that they were poorly prepared to discharge their responsible duties, is further corroborated by the almost total neglect of those sanitary regulations so necessary to preserve their health, and the consequent great mortality that took place in all the colonies during the first few years. A surgeon is mentioned as on board one of the ships sent to aid

Capt. Mason in his expedition against the Pequoit Indians in 1637, but whether he belonged to the colony, or the ship merely, is not known. In 1649 we find a law passed by the Massachusetts Colony, forbiding "Chirurgeons, Midwives, Physicians, or others, to exercise, or put forth any act contrary to the known rules of art, in each mystery and occupation, to exercise any force or violence or cruelty, upon or toward the body of any, whether young or old (not even in the most desperate cases) without the advice and consent of such as are skillful in the same art, (if any such may be had,) or at least, of the wisest and gravest there present, and consent of the patient or patients, if they be *mentis compotes*, much less contrary to such advice and consent, &c." This provision is sufficiently indicative of the condition of the profession, at this early period, in the New-England States.

Indeed, with the exception of the two Governors Winthrop, one of Massachusetts and the other of Connecticut, and a few of the clergy, we find no names of even respectable attainments in the profession, during the first half century after the commencement of our colonial existence.—The younger Winthrop, not only practised medicine extensively, but was also a member of the Royal Society of London, to which he made several respectable communications. And even so late as 1753, we are told by the Independent Reflector, a paper then published in the city of New-York, "that it (the city of N. Y. then containing about 10,000 inhabitants) could boast of more than *forty* gentlemen of the faculty, the greatest part of whom were mere pretenders to a profession of which they were entirely ignorant; and convincing proofs, of their incapacity were exemplified in their iniquitous practices. The advertisements they published proved them ignorant of the very names of their drugs" &c.. &c. Dr. Nicholas Romaine, in his annual address before the New-York State Medical Society, (in 1811) speaking of this early period, says: "It would be *painful* to intrude on your notice, the

humble condition of medicine which seems to have existed for more than a century after the first settlement of this State.---It could only consist of a statement of the *arts* and *intrigues*, by which the practitioners of physic succeeded in advancing their *private interests* and professional emoluments." The reasons for such a state of things, at this period, are obvious,---there being no medical schools in the colonies, or any institutions for the instruction of medical students, the only sources of supply consisted in emigrations from the mother country, or in the sending of native young men to the hospitals and colleges of Europe.

The Circumstances of the country during the whole of the first century were such, that no man already established in practice on the other side of the Atlantic, would think of leaving it for the hardships, the poverty, and wilds of America; while the absence of all those Medical Societies and Institutions, which constitute so powerful an object to the aspiring ambition of the thoroughly educated student, equally prevented this class from resorting hither. Hence, as a general rule, only those physicians who had failed to obtain a practice at home, or were too conscious of their own unfitness to make the attempt, emigrated to America. On the other hand, the great expense attending the education of young men belonging to the colonies, in the Medical Institutions of Europe, operated as an equal barrier to this source. Thus it was, that while persecution filled the clerical ranks of the colonies with men of the deepest piety, and the most varied learning, and the patronage of the crown induced a full supply of legal talent, the profession of medicine sunk to a comparatively low state.

In New-England, the greater number of those who practiced medicine were priests, whose medical knowledge was chiefly derived from the writings of Hippocrates, Galen, Aretæus, &c., which they had read during their collegiate education in Europe. Some of the non-conformist clergy,

however, who were persecuted or silenced in the Old World, went through with a regular course of medical studies before leaving home, and afterwards became exceedingly useful, both as physicians and preachers, among the colonists here. Of this number, were Drs. Giles Firmer and John Fisk; the first arrived in New-England 1633, and the last in 1637. Both lived to an advanced age, and were highly respected. Dr. Thomas Thatcher, also came about the same time; and his pamphlet entitled "A Guide in Small-Pox and Measles," published in 1677, is said to be the first medical publication in America. About the middle of the seventeenth century, Drs. Bellingham and Henry Saltonstall, after receiving a general education at Harvard College, went to England, where they completed a full course of medical studies, received the degree of M.D., and returned to practice their profession in the Massachusetts Colony. These were the first young men of whom we can get any account, who left the colonies to obtain a regular medical education in the mother country, for the purpose of practicing here.

But during the latter part of the first half of the eighteenth century, a new era began to dawn on the medical profession in America. It was during this period that we find several young men of the highest order of native talent, after receiving a thorough course of instruction in the medical institutions of Great Britain and the Continent, returning to practice their profession in the New World. Among these we find the names of Dr. Zabdiel Boylston and Dr. James Lloyd of Massachusetts; Lieut. Gov. Colden and Dr. James Ogden of New-York; Drs. John Morgan, William Shippen, Jr., and Benjamin Rush, of Pennsylvania; Drs. John Mitchell and Thomas of Virginia, and Dr. Lining, of South Carolina—names, that will ever remain as ornaments to the medical profession in America.

During this period, other circumstances also occurred which aided very much the advancement of the profession.—Wars between England and France, were carried on, with

only short intervals of peace, during the greater part of the eighteenth century. And so early as 1690, hostilities commenced between New-York and New-England on the side of England, and the French settlements in New-Brunswick and Canada. From this time to the final subjugation of the French colonies in 1763, many expeditions were sent from England to aid the colonists, and each was accompanied by a well appointed Medical Staff. These being almost constantly in the colonies, with the military hospitals which necessarily accompanied the movements of regular armies, supplied the place, in some degree, of medical schools, and doubtless excited the ambition of many of the young men, who, during the latter part of this period, spent some time in Europe and returned to become the founders of Medical Science in America. What Dr. Nicholas Romaine says of the influence of these, on the medical profession of New-York, is equally true of New-England, Pennsylvania, and Virginia. In his annual address to the Medical Society of the State of New-York in 1811, to which we have already alluded, Dr. Romaine says: "The war which effected the conquest of Canada, was, perhaps, the first circumstance which materially improved the condition of medicine in this State, (New-York). The English army employed for that purpose, left Europe accompanied by a highly respectable Medical Staff, most of whom landed in the city of New-York, and continued some years in the neighboring territories, affording to many young Americans opportunities of attending the military hospitals, and receiving such professional instruction as gave them afterward consideration with the public. The physicians and surgeons of the Anglo-American army, gained the confidence of the public, by their superior deportment and professional information. The military establishment in this State, after the Canadian war, required medical and surgical attendants; so that the people had the benefit of their advice.

In this manner a new order of medical men was introduced into the community."

It was doubtless owing to the increased attention to medical science and practice, produced by these causes, that led the colony of New York to make the first effectual attempt to regulate the education and practice of the profession by legal enactment. We have already quoted from the Independent Reflector of 1753, a paper which not only exposed the ignorance and pretensions of the profession, but appealed with boldness and energy to the people for a remedy. And some of the arguments presented, would afford useful lessons for many legislators of the present day.

It was not until 1760 that the General Assembly of New-York ordained that, "no person whatsoever should practice as Physician or Surgeon, in the city of New-York, before he shall have been examined in physic and surgery, and approved of and admitted by one of His Majesty's Council, the Judges of the Supreme Court, the King's Attorney General, and the Mayor of the city of New-York for the time being, or by any three or more of them, taking to their assistance for such examination, such proper person or persons as they in their discretion shall see fit."

Such candidates as were approved received certificates, conferring the right to practice physic or surgery, or both, throughout the whole province; and a penalty of five pounds was prescribed for all violations of this law. Its restrictive operation, however, was confined exclusively to the city and county of New-York; and with the exception of a similar enactment in the colony of New-Jersey in the year 1772, it was the only attempt to regulate the qualifications and practice of physicians, by any of the colonial governments, previous to the Revolutionary War.

But the causes to which we have alluded, had already introduced into the profession many young men, possessed not only of sound learning, but also, of a laudable ambition for the

honor and advancement of their favorite calling. Among these none were more zealous in the cause of medical education than Drs. John Morgan, and William Shippen, Jr., of Philadelphia, and Drs. Samuel Bard, Peter Middleton, and John Jones, of New-York. Although many private and temporary hospitals had been established in the several colonies, for the accommodation of seamen, and the reception of patients for inoculation, the first permanent institution of the kind was established in Philadelphia in 1752, and was aided by a grant of 2,000*l.* from the Colonial Assembly. Its establishment was owing to the suggestions and exertions of Dr. Thomas Bond, who became its superintendent, and we believe, the first regular *Clinical* Lecturer on Medicine in America. In 1762 Dr. Wm. Shippen returned from his studies in Europe, to settle in his native city, Philadelphia, and the same year commenced a course of Lectures on Anatomy, to a class of twelve students. He continued the same course during the two following years, and in 1765 was joined by John Morgan, M.D., who had just returned from an honorable completion of his medical studies in the schools of Edinburgh. Dr. Morgan soon delivered a public discourse on "the Institution of Medical Schools in America," before the Trustees of the University that had been established in Philadelphia, and proposed a plan for teaching the various branches of Medical Science. His views were warmly seconded by the Board of Trustees, who soon after appointed Dr. Morgan Professor of Theory and Practice of Medicine, and Dr. Shippen Professor of Anatomy and Surgery. The remaining chairs were not filled until 1768, when Dr. Adam Kuhn, was chosen Professor of Botany and Materia Medica; and in the following year Dr. Benjamin Rush returned from Edinburgh, and was appointed to the Chair of Chemistry. Thus organized, the first Medical School in America continued its annual courses of instruction to an increasing number of students until 1777, when it was suspended by the Revolutionary War. To give a still better

idea of the objects and Regulations of this school, and the liberal views of its founders, we will quote the following rules in regard to studies and qualifications from a printed circular, addressed by Dr. John Morgan to the inhabitants of the West Indies in 1772, viz:

For a Bachelor's Degree in Physic.

"I. It is required that such students as have not taken a degree in Arts, shall, before admission to a degree in Physic, satisfy the Trustees and Professors of the College, concerning their knowledge of the *Latin* tongue, and in such branches of *Mathematics*, Natural and Experimental *Philosophy*, as shall be judged requisite to a *Medical Education.*

"II. Each student shall take at least one course in *Anatomy*, *Materia Medica*, *Chemistry*, the *Theory* and *Practice* of *Physic* and *Clinical Lectures*, and shall attend the practice of the *Pennsylvania Hospital for one year;* and then may be admitted to a public examination for a *Bachelor's* Degree in Physic, provided that on previous private examination by the *Medical Trustees* and *Professors* and such other Trustees and Professors as choose to attend, such student shall be judged fit to undergo a public examination.

"III. It is further required that each student, previous to obtaining a Bachelor's Degree, shall have served a sufficient apprenticeship to some respectable Practitioner in Physic, and be able to make it appear that he has a general knowledge in *Pharmacy.*"

For a Doctor's Degree in Physic.

"I. It is required that at least three years shall intervene from the time of taking the Bachelor's Degree, and that the *candidate* be full *twenty-four* years of age, and that he write and defend publicly in college, a *Latin Thesis* or dissertation on some disease, or other useful Medical topic, which shall also be printed at his own expense.

"II. The above scheme of a *Medical Education*, is upon as extensive and liberal a plan, as in any of the most respectable European Seminaries, and the utmost care is taken to render the Degrees *real marks of honor*, the marks of only distinguished learning and abilities. A good *medical education* is here looked upon as not the least useful part of Science. As it is both a noble and extensive branch of learning of itself, and of the utmost importance to the health and welfare of society, 'there cannot therefore be too much encouragement given to a full and regular attainment of it.' 'Tis, on this account, one *great object* in the Philadelphia College, and intended to put the practice of physic in America in general, upon a respectable and beneficial footing."—[See "The Address and Representation of Dr. John Morgan of the College of Philadelphia, in behalf of the Seminary, dated 1772,"]

Such were the views and objects of the founders of the first Hospital and College, in America. The rules quoted were adopted by the College on the 12th May, 1767, and continued in full force until the operations of the College were suspended by the occupation of Philadelphia by the British in 1777. During this period the Degree of Bachelor of Physic was conferred on about thirty young men, and a reasonable degree of prosperity seems to have attended the College. But while these things were being done in Philadelphia, the Profession in New-York were not idle. The zealous efforts of Drs. Bard, Middleton, and others, aided doubtles by a spirit of rivalry with Philadelphia, effected the organization of the Society of the New-York Hospital, and procured for it a charter from the Colonial Government in 1777. The first building was destroyed by fire in 1772 which, together with the occupation of New-York by the British army, prevented the completion of another, until 1791. when the first patients were received. Their efforts to establish a Medical College in connection with King's College, which had been established in the city several years previous, was, however, attended with better

success. A full Medical Faculty was organized in 1768, composed of Samuel Clossy, M.D., Prof. of Anatomy, John Jones, M.D., Prof., of Surgery, Peter Middleton, M.D., Prof. of Physiology and Pathology, James Smith, M.D., Prof. of Chemistry and Materia Medica, John V. B. Tennent, M.D., Prof. Midwifery, and Samuel Bard, M.D., Prof. of Theory and Practice of Physic. The first courses of lectures were given in the winter of 1768–9, at the close of which, the degree of *Bachelor* in Medicine was conferred upon Samuel Kissam and Robert Tucker; and in the year following, the same gentlemen, received the higher degree of *Doctor* in Physic. These are stated by Dr. Beck, in his "History of American Medicine before the Revolution," to be the *first* Medical Degrees conferred by the schools in America.* But this is probably a mistake, as we find in a historical sketch of the College in Philadelphia, published in 1836, the names of ten students who received the degree of *Bachelor* of Physic, at the Commencement in that College, in June 1768; and a number of others were annually thereafter, honored with the same degree, until the operations of the School were suspended by the vicissitudes of war. During this period very few seem to have applied for the higher degree of *Doctor* in Medicine, either in Philadelphia or New-York. We have no means of ascertaining what rules were adopted for the government of the college in New-York; or what were the requisites for the graduation of medical students. It is certain, however, that the prosperity of the school was not proportioned to the known respectability and learning of the Professors.

Thus, we are told by Dr. N. Romaine, that in 1774, six years after its first organization, only "about 25 persons attended the Anatomical Lectures, some of whom were students from the West Indies." This want of prosperity has been attributed to the conduct of the governors of the College, but with what justice, we are entirely unable to judge. The

*See Transactions of the Medical Society of the State of New-York.—Vol. 5, pp. 141.

medical books then in general use, were the writings of Sydenham, Boerhaave, Van Swieten, Mead, and Huxham; the Physiology of Haller; the Anatomy of Cowper, Cheselden, and Munro; the Surgery of Sharp, Le Dran, and Pott; the Midwifery of Hunter and Smellie; and the Materia Medica of Lewis. But though the works then in general use were all of European production, yet medical literature had by no means been neglected by the profession in America; as the following list will show, viz:

"A Brief Guide in Small-Pox and Measles;" by Thomas Thatcher, of Massachusetts, published 1677. "Some Account of the New Method of Receiving the Small-Pox by Engrafting or Inoculation;" defending the practice, by Benj. Colman, of Boston, published in 1721. "An Account of the Climate and Diseases of New-York;" by Cadwallader Colden, of New-York, published in 1720. "An Historical Account of the Small-Pox Inoculation in New-England;" by Dr. Zabdiel Boylston, of Boston, published in 1727. "On the Method of Practice in Small-Pox in 1730;" by Nathaniel Williams, of Massachusetts. "A Treatise on Pharmacy in 1732;" by William Howard, of Mass. An Essay on Fevers, by Dr. John Walton, of Boston, in 1732. "The Practical History of a New Epidemical Eruptive Miliary Fever, with an Angina Ulcusculosa, which prevailed in New-England in 1735–6;" by Dr. William Douglass, of Mass., published in 1736. "An Essay on the Polygala Seneka;" by Dr. John Tennent, of New-York, published 1736. "An Essay on Illiac Passion;" by Dr. Thomas Cadwallader, published 1740. "An Essay on the Causes of the Different Colors of People in Different Climates," and "Letters on the Yellow Fever of Virginia;" by Dr. John Mitchell, of Virginia, published 1743. "The Flora Virginia;" by Dr. John Clayton, of Virginia, published 1743. "A very valuable account of Statistical Experiments concerning Excretions of the Human Body;" by Dr. John Lining, of South-Carolina, published in 1743. About the same time Dr.

Cadwallader Colden, of New-York, published "Observations on the Fever which prevailed in the City of New-York in 1741 and '42;" also, "On the Virtues of Great Water Dock;" and a "Sore Throat Distemper which prevailed Epidemically in this country in 1735." "A description of American Yellow Fever," was published by Dr. John Lining in 1753; and a paper on "Opisthotonos and Tetanus;" by Dr. Lionel Chalmers, of South-Carolina, published in 1754. "An Essay on the Use of Bark in Scrofulous Cases," was published by Dr. Thomas Bond of Philadelphia in 1759; also, an Inaugural Dissertation, entitled "Tentamen Medicum de Puris Confectione, Edinburgh, 1763," by Dr. John Morgan. Dr. Shippen's Inaugural Thesis, entitled "De Placentæ Cum Utero Nexu," was published in 1760; and during the same year, Dr. John Bard, of New-York, published a case of "Extra Uterine Fœtus," and an "Essay on the Nature and Cause of the Malignant Pleurisy," which prevailed on Long Island in the winter of 1749. In 1771, Dr. Samuel Kissam published his Inaugural Dissertation on the "Anthelmintic Virtue of the Phaseolus Zuratensis Siliqua Hirsuta, or Cowhage." A valuable work on the "Treatment of Wounds and Fractures," was published by Dr. John Jones, in 1776. And the same year Dr. Lionel Chalmers published his able work on the "Weather and Diseases of South Carolina." "An Essay on Fevers," had been published by the same author in 1768.

Many of these productions are characterized by a variety of learning, an accuracy of observation, and an originality of thought, which do credit to any age or country. Thus, Dr. Lining's "Description of American Yellow Fever," stands to the present day, unrivalled for its accuracy and minuteness of description; and Dr. Douglass, in his "History of the New Epidemical Fever" of 1735--6, not only gives the best account of that fatal disease, but also enjoys the honor of first suggesting the use of Calomel as a remedy. Dr. Clayton's "Flora Virginia" attracted so much attention that it was re-

published at Leyden, 1762; and very few papers exhibit a greater degree of Philosophical acumen and learning than Dr. Mitchell's on the "Causes of the Different Colors of Different People." The Work of Dr. Chalmers on the Climate and Diseases of South-Carolina, in two volumes, is particularly worthy of attention, as well as that of the same character concerning New-York, by Dr. Colden. And the credit of originality, in promulgating the true doctrine in regard to the formation of *Pus*, though usually ascribed to Dr. John Hunter, undoubtedly belongs to Dr. John Morgan, who, in his inaugural thesis, maintained with great ability the doctrine that *Pus is a Secretion*. This is fully and honorably acknowledged by Dr. James Curry, lecturer at Guy's Hospital, so early as 1817.

Nor is this the only instance of fair claim to originality, which has been appropriated elsewhere. The use of Mercury, in the treatment of Inflammatory diseases and Eruptive Fevers had its origin with Dr. Douglass, of Boston, in 1736.—The preparation used was Calomel. But to Dr. Jas. Ogden, of Long Island, are the profession indebted for pointing out more systematically the indications for its use and the manner of using it. He used it extensively, and with the happiest effects, in the Agina Maligna of 1749; and its use was rapidly extended to the treatment of nearly all the Phlegmasia.—Angain, to Dr. Richard Bayley, are we indebted, for first pointing out the true inflammatory nature of the Cynanche Trachealis, or Croup, and the great utility of Blood-letting and Antimony in its treatment. Yet all of these have been often set forth, as originating on the other side of the Atlantic.

Dr. James Lloyd, of Mass., and Dr. Wm. Shippen, of Philad. were the first regular and successful practitioners of Midwifery in this country. The one settled in Boston in 1754, and the other in Philadelphia in 1756; and to their skill, boldness, and decision of character, are we indebted for the rescue of that most delicate and important branch of practice, from the hands of ignorant and credulous females.

Although a consideration of Medical Practice, does not come strictly within the scope of our present work; yet an occasional glance at this, and the character of diseases prevalent at different periods of time will be both interesting and profitable. Indeed, a carefully written history of diseases, their variations of type and severity, in connection with the prevalent modes of medical practice, and the ever varying customs of society, would be of great value to the profession. It would explain the origin of many theories and systems in medicine, and reconcile much that now seems discordant and contradictory in our medical literature.

Thus says Dr. Rush:—"The success of nature in curing the simple diseases of Saxony laid the foundation for the *Anima Medica* of Stahl. The endemics of Holland led Dr. Bœrhaave to seek for the causes of all diseases in the *fluids*. And the universal prevalence of diseases of the *nerves* in Great Britain, led Cullen to discover their peculiar laws and to found a system upon them—a system, which will probably last till some new diseases are let loose upon the human species, which shall unfold other laws of the animal economy."

During the greater part of the period included in this chapter, the Humoral doctrines of Boerhaave held an unlimited sway over the minds and practice of physicians, both in this country and Europe. Endemic and Epidemic Fevers prevailed frequently, in nearly all the colonies, and sometimes produced great destruction to life. This was the case, to some extent, even among the Indians, before white settlements were formed. Thus, we are told by Dermer, Mather, and Gookin, that in 1618–19, a pestilential fever prevailed among the Indians in New-England, with such severity that whole tribes were nearly destroyed, and in some places, in 1620. their dead bodies were found unburied, putrefying in the sun. The first colony of Pilgrims that landed at Plymouth in 1620, suffered dreadfully from sickness during the few following years. And in 1632–33–38, a pestilence re-

sembling the Yellow Fever, prevailed extensively in the New-England settlements, which, with the Small-Pox, cut off many of the inhabitants. Dr. Rush tells us that between the years 1760 and 1766, Intermitting, Bilious, and Yellow Fevers were common in Philadelphia and its environs; that Influenza was epidemic in 1761, and the Malignant Sore Throat in 1763. He also states that deaths were "common between the 50th and 60th years of life, from gout, apoplexy, palsy, obstructed livers, and dropsies."

This last paragraph is worthy of a moments consideration. Why were these diseases so frequent and fatal, when thirty years after the same author tells us they were comparatively rare in the same city? A very satisfactory answer to this question will be be found in the habits of the citizens at the two periods referred to. Alluding to these habits during the period intervening between the years 1760 and 1766, Dr. Rush says, "the diet of the inhabitants of Philadelphia, during those years, consisted chiefly of animal food. It was eaten, in some families, three times, and in all, twice a day. A hot supper was a general meal. To two and often three meals of animal food in a day, many persons added what was then called 'a relish,' about an hour before dinner. It consisted of a slice of ham, a piece of salted fish, and now and then a beef-steak, accompanied with large draughts of punch or toddy. Tea was taken in the interval between dinner and supper. In many companies, a glass of wine and bitters was taken a few minutes before dinner, in order to increase the appetite. The drinks with dinner and supper, were punch and table beer. Besides feeding thus plentifully in their families, many of the most respectable citizens belonged to clubs, which met in the city in the winter, and in its vicinity under sheds, or the shades of trees, in the summer, once and twice a week, and in one instance every night.

ARTICLE I.

Malaria and its Relations to the Existence and Character of Disease. A Paper read before the Æsculapean Society.—By Samuel Thompson, M.D., of Albion, Ill.

I have taken for the subject of the present paper, a rather wide subject, and perhaps shall find few who will coincide in the views I shall advance. They are, however, the result of much reflection and considerable observation, and to placing them in their present form, I have been led by the perusal of a long list of notes of cases, occurring in different localities, at different seasons, and in different years, as well as by the fact that the question to some extent involves the ætiology of at least one disease, to which popular opinion attributes a special cause, and the proving which to depend on malarious origin, would certainly be a public benefit. At the same time, to show the coincident action of malaria, may perhaps relieve us from much fear and a good deal of perplexity in relation to apparent danger from contagion, in cases where the simultaneous or successive invasion of a disease on many persons, gives rise to suspicion.

Previous, however, to pointing out the effects of malaria, it may be as well to say some little in reference to its existence, as some writers of reputation, among whom Dr. Bell, of Philadelphia stands prominent, deny that there is any such thing, and consider that all those effects usually ascribed to its influence, can be better explained by reference to common causes, such as vicissitudes of heat and moisture; and regard the belief in malaria as visionary and unphilosophical. But with the highest respect for the Doctor and his supporters, I must demur to such views, considering that it is much less a stretch of imagination, to believe that the atmosphere

may be the vehicle for conveying the cause of certain symptoms and appearances, when we know that effects at any rate analagous may be artificially induced by certain agents inhaled with the air, than to invoke the power of vicissitudes of either Thermometer or Hygrometer to explain, what such alternations alone (how popular soever the idea) are not proved to produce.

That there is no such connection between atmospheric vicissitudes, and the peculiar character of disease, will, I think, clearly appear, from the following facts, derived from Dr. Torrey's able statistical work on the climate of the United States. I will refer to the records of three stations only.

At Fort Gratiot, latitude 43 North. The general sickness is Fever and Ague. The river on which it is situated is bordered by broad marshes, where also the Cholera in 1832 raged most violently among the troops. Here the range of the thermometer in the year is about 110°.

At Fort Brady, in latitude 46.39,—with same range of thermometer. The location on the south bank of the St. Marie. To the S.W., beyond some cultivated lands, runs a marsh. But the prevailing winds are from W., N.W., and S.E.—the latter passing over the marsh,—the former a mountainous country; yet here Intermittents and Remittents are rare; Inflammatory diseases and Typhus being most common. (It is a pity there is no statement of the relations of the invasions of Typhus with the previously existing wind, as McIntosh, Armstrong, and others, consider Typhus a disease of malarious origin.) But it is certainly a much more healthy post than the former. Here vicissitudes are well matched, and the diseases, if resulting from them, should be of the same description.

At Fort Trumbull, latitude 41, near Long Island Sound, where the mean range of the thermometer is 78.° Malarious diseases, as they are commonly called, are unknown; while in Florida, where the range of the thermometer is but a few de-

grees, Intermittent and Remittent Fevers abound. Indeed, were this doctrine of vicissitudes correct, the climate of Florida should be among the most healthy in the world—the mean range of the thermometer at Key West being only 37°; yet it is known to be the most unhealthy of all the Florida stations: while at Fort King, where, from its inland situation, the range of the thermometer is as much as 78°, the sickness is but trifling, at the same time, that from its secondary basis and swampy neighborhood its fevers are chiefly intermittent. Now the unhealthiness of localities, should on this principle increase just in proportion as they are more remote from large bodies of water ,as the sudden alternations are generally just in proportion to such remoteness. Yet we know that this is anything but true; the difference in the salubrity of a place, as well as the character of the diseases, appearing generally to be associated with certain geological formations. Those lying upon primary rocks and covered by a poor sandy soil, being free from Malarious diseases, as in most parts of New England: while in the valley of the Connecticut, lying upon a secondary formation, like our valley of the Mississippi, and covered with a soil full of organic remains, they are indigenous: thus in the midst of a non malarious region, forming a striking illustration of the connection of such soil and substrata with Intermittent fever.

That vicissitudes of heat and moisture are quite inadequate to account for a certain class of diseases is manifest. For as Dr. Torry remarks that, "as the regions of New England, New Brunswick, and Nova Scotia are exempt from Intermittent, while in the region of the great Lakes, both on the British and American sides, it is very prevalent; and as the coast of the former exhibits climatic features similar to the other, so far as regards temperature and humidity, it follows that a solution of the question, must be sought in the admixture of terrestrial emanations dissolved or suspended in atmospheric moisture." That vicissitudes of heat and moisture are there-

fore quite inadequate to account for a certain class of diseases is manifest. Whether we can as clearly show any other causes is another question. It is however evident that there is some cause connected with locality. We all know that in a great majority of cases, moisture is essential to the production of this cause, and yet that excess of moisture is uncongenial to it also, as no one ever suspected pure and deep water of developing malaria, while few doubt the dangers of lands that have been submerged, but which are in a drying state; and who is there whose olfactory nerves have not told him, in a night ride in summer or autumn, that the air contained different elements in different spots?

But it is objected that Chemistry, that inspector of nature, can detect no change in the atmosphere in those spots said to be loaded with miasm. But I would ask, can Chemistry detect the particles exhaled by a grain of musk, and perfuming a whole room? Can Chemistry isolate the contagious exhalation from a small pox patient? Or, can she or the microscope detect the myriad germs of the Fungi? Yet we know these must exist and in their larger varieties we can see them, and who doubts that Musk or the blossom of the rose perfume the air, or that such perfume is indeed matter—part and parcel of that from which emanates.

But, say the anti-malaria men, you attribute this occult and mystical cause to the decomposition of vegetable substances. How then will you account for its manifestation in places such as the Spanish Sierra's (as noted by Fergusson) where no vegetation exists or can exist, in the almost dry beds of mountain torrents. But allowing all this—giving the fullest force to every point—allowing if you please that the waters of these torrents never swept a foot of land bearing vegetation, still what does it prove? Do I, does any one pretend to say, that Malaria, though probably generally emanating from vegetable decay, is vapor sui generis, and not formed of nature's common elements, Oxygen, Hydrogen, Nitrogen, or Carbon,

or their, or other elementary combinations ; and who is there in this day shall deny that vegetable and inorganic matter may and will, in decomposition yield many of the same elements ? But is it true that Chemistry has really come to fault ? Can she indeed with her argus eye detect no trace of the foe. No bended grass, no ruffled leaf, to guide us to his lair ? No indeed ! some at least, of her scouts declare that they have found a trail, and though it be crossed and disturbed in spots, they say (perhaps with too sanguine faith) that they can detect his foot print among the fresh leaves, on the slimy marsh, in the slaty clay, aye, even by the cool spring side. Perchance they may have only found one of the *family*, but they have at any rate it appears, proved, that that one leaves a trace behind. Let us hear what they say. For years past it has been known that the copper sheathing of ships traversing certain waters, decayed with unusual quickness. To ascertain the cause of this great commercial evil, the Lords of the Admiralty of Great Britain, directed that some of the water from the mouth of the Gambia on the Coast of Africa, one of the spots where copper was so affected, should be carefully secured in glass bottles and sealed up, brought to England and submitted to the examination of that able chemist, Professor Daniell. In it he detected Sulphureted Hydrogen in large proportions. We all know that the coast of Africa is one of the most fatal places in the world to human life. A single night ashore often being supposed to destroy life, by developing a fever nearly akin to yellow fever or to our malignant congestives. Previous, however, to this, Dr. Malcolmson had suggested that the presence of this gas, which he had detected in the waters of the Saline lakes of different parts of the world, must arise from the decomposition of the Sulphates in the water by the carbonaceous matter of vegetables floating in them. Acting upon this idea Professor D. on the 2nd Nov. 1840, instituted the following experiments. He placed a quantity of newly fallen leaves

in three glass Jars, capable of holding a gallon and a half of water each:

Upon the first he poured a gallon of river water.

Upon the 2nd the same quantity of water with one oz. of common salt.

Upon the 3rd the same quantity of water with one oz. of Sulph. Sodæ.

The three jars were then plaeed in a warm room, the temperature of which varied from 70 to 110, and the water was filled up from time to time and well stirred. Upon examining them on 5th Feb., 1841, (three months) the following was found to be the state of the jars. No. 1 had a very disagreeable odor, but produced no change whatever upon paper soaked in acetate of lead. No. 2 was perfectly sweet, and possessed indeed a rather agreeable odor. It produced an effect of course upon the test paper. No. 3 had a most insupportably sickening odor, much worse than that of pure sulphureted Hydrogen, and instantly blackened paper soaked in acetate of lead, throwing down sulphuret of lead with a metalic lustre.

Two gentlemen (Saerd and Oldfield) entrusted with conducting an expedition up the Niger, remarked upon the deadly effect of breathing the air of "Those accursed swamps, where one is oppressed, not only bodily but mentally, with an indescribable feeling of heaviness, langour, nausea and disgust;" and such is the united evidence in relation to all spots where sea water comes in contact with vegetable matters.

Now, it has been experimentally proved by Thenard and Dupuytren, that so small a quantity as 1-1500th part of Sulphureted Hydrogen, dispersed in atmospheric air, kills small animals which breathe it, and the effect produced upon human beings inhaling it, are those very sensations of langour, heaviness and nausea, described above. But is this all that can be adduced in favor of the opinion that the nature of Mal-

aria is gaseous, and that gas probably, sulphureted Hydrogen? No indeed! I think it was in 1845 that Dr. Gardner, Professor of Chemistry in Hampden Sydney College, in a paper, published in the American Journal of Medical Sciences, assuming that Sulph't. Hydrogen, was the active agent in the production of Malarious diseases on the coast, undertook the following experiments with a view to ascertain whether the same agent could be detected in those inland spots where periodic fevers also prevailed, and where Malaria was generally supposed to exist. Finding it impossible to procure a sufficient quantity of atmospheric air to test its presence, he determined to apply pure silver (one of the most delicate tests for Sulphur) as the means of trying the question. The purity of the silver he used, and the delicacy of the test was shown, by putting one drop of hydro-sulphate of Ammonia into 120,000 grains of water: a 5 cent piece placed in it was dissolved in a few minutes, proving that *pure* silver, is able to detect Sulphur, in a solution containing only one part in 3,000,000 parts of water. With silver thus prepared, he examined the air over various streams and marshes, and while in some of these it took weeks to produce any tangible effect, in others 22 hours were sufficient to render the presence of Sulphur evident, upon passing a stream of Hydrogen Gas over the pieces of coin when enclosed in a green glass tube and made red hot. Having thus proved that sulphur existed in such localities, his next object was to examine the source of it. In the foregoing experiments, the immediate source was a marsh containing much decaying vegetable matter; a rich alluvial soil saturated with spring water, or that which had percolated through the soil, and heated by the temperature of midsummer. Alluvial deposits contain much vegetable matter; their blackness greatly depends on it, and this vegetable matter is in a constant state of decay, the rapidity of which is proportioned to the access of oxygen and the warmth of the season. The second element of the sites

in which Sulphureted Hydrogen was detected by Dr. Gardner, was decaying vegetation; in its decay carbon is left in excess and exerts all its powerful affinities to assume the gaseous form. But vegetables contain also certain inorganic constituents, which are of great interest in the present question. Of these, the Sulphates of Lime, Soda, Potassa, and Magnesia, have been selected; in the decay of a plant containing any of these salts, the result will depend upon the presence or absence of water. If dry, they will be unchanged, but if water and heat be present, the Sulphuric Acid will be decomposed. The leaf contains a large portion of the Salts existing in a plant; but of all agents, spring water is the most important—it is usually impure. It contains the soluble salts of the land through which it has percolated. These must, from the nature of the case, differ; Muriates, Sulphates, Phosphates, and Carbonates, have been found by different analysts. Spring water is seldom free from Sulphate of lime or magnesia; the former imparts to it the quality called hardness. When these ingredients are present in any quantity, and the water is kept in contact with decaying vegetable matter, they are decomposed; Oxygen is abstracted, and Sulphurets are produced; the latter in their turn yield Sulphureted Hydrogen, with the first nascent Hydrogen they encounter. So says Dr. Gardner: and when we compare these views and experiments with those of Professor Daniell, I conceive it will require powerful arguments and well collected facts to invalidate them. Sulphureted Hydrogen is a narcotic poison, prostrating the nervous system, and destroying muscular energy; in small quantities it produces colic and internal congestions. Well, still it will be objected perhaps, that so far all that we have said only proves that Sulphur exists in the water, in the soil and in vegetation, and that Hydrogen gas coming in contact with it gives rise to Sulphureted Hydrogen; but that we have have not proved that the existence of this gas is the cause of disease. To this, I reply—we have

proved its existence in those places, especially where malarious diseases are most rife, and we have shewn that its effects, especially in minute quantities, are in many points similar to those we find as *symptoms* of *disease* peculiar to such regions. That, therefore, we are justified in coming to the conclusion, that like effects result from *like* causes, even should it turn out that they are not *identical* ones.

Dr. Bell asks why in large cities, where the sources of Sulphureted Hydrogen must be so plentiful, are not the effects of malaria more prevalent? To this I would answer,---that the *question* assumes the dispute, and that it is entirely an assumption to assert that its effects are not manifest. For, if as I believe, various diseases, even owning a common cause, do under different circumstances, manifest themselves in different grades or even forms, as resulting from the differences of circumstance, it must be evident to all, that inasmuch as cities are proverbially more unhealthy than the country, though the phases of disease are not always the same, it remains with the unbelievers in malarious causation, to show a more reasonable and efficient cause of such excess of disorder, than this gas which they admit exists there in such abundance.

But while I thus think it more than probable that Sulphureted Hydrogen plays a most important part in the ætiology of many of our diseases, I by no means intend to assume that it is absolutely and *alone* such cause. My arguments and quotations, have had one general aim,---viz: to prove the existence and agency of malaria, define it to be what you may; and to show that, not only can we prove its existence from theory reasoning, but that *it is*, and in one of its shapes, at least, *is tangible*. I disapprove of setting down malaria as a vision, and I equally object to hasty and positive conclusions as to its essence. I am too well aware. that in all investigations into the arcana of nature, we should walk with cautious steps, and enquiring eyes, conscious how often our apparent

discoveries of truth, are but the shadows cast by some great fact we do not see or cannot grasp: or like those of the first voyagers in search of this continent may prove but some jutting headland or some stray island, parts of the whole, it is true, and if wisely and cautiously followed, invaluable as guides and incentives to further enterprize; but apt to frustrate all our hopes if we too eagerly conclude it to be the mainland, and consider our search ended. While perhaps, others more temperate, cautious and persevering, starting from our self satisfied halt, will reap the harvest and the honor, which were just within our grasp. Having thus far demonstrated, I conceive, that miasma is not a vision of a heated fancy, but that if we have not yet attained the key to its identity, we can at any rate, manifest that it has existence and location, I shall turn to the ultimate object of this paper. Namely: to endeavor to show that our diseases, though modified by season and locality, are generally children of one family, or at any rate, have some of the same blood flowing in their veins. In endeavoring to do this, I shall refer to a number of cases, grouping them wherever I can by a brief statement of their character and symptoms, and only occasionally detailing such as are necessary for illustration: and I would call attention to the merging of one class into the other, as seasons changed or localities varied, marking the fact that the basis, the wax was indeed the same, the chief difference being in the seal that marked its surface.

I shall commence with cases of what is called Milksickness; and the first I shall adduce occurred in the fall of 1846. The prominent symptoms were pain in the *head*, *back*, *legs*, and *elbows*. She had been sick for some time before, and for two days previous to being taken down, the bowels had been costive. The pulse during the whole continuance of the case, was about 100, weak and soft when she was quiet, but upon the least excitement or exertion becoming temporarily full and strong. There was obstinate constipation, incessant vom-

iting of acid matters, a sense of burning at the epigastrium. The skin was rather warm for the first two or three days, but after that, cool. The next case is of a somewhat similar character, occurring in Oct. 1847, and in a different neighborhood, but in a malarious district. (My notes are not full.)

W.B. *æt* about 45 years, had been ailing for some weeks, took some Calomel and oil, felt better afterwards, but never recovered his strength; said he felt pretty well, but could not work. On Wednesday 27th Oct., went outside his house to cut some sticks of firewood, but could not work above a few minutes without sitting down; could not eat his meals, and next day was much troubled with a sensation of burning at the epigastrium, which indeed, he had occasionally felt for weeks before. Had great eructations; no appetite; took some salts which operated from 7 A. M., till 7 P. M.; stools watery. I saw him on the 30th at 6 P.M., he had vomited twice this day, a quantity of bluish green water, with a thick, dark colored, grainy sediment; he could not eat and had great thirst; said he *felt* all right *below* the stomach; skin cool, feet had been cold and were still disposed to be so; pulse regular, about 80, a little sharp, but compressible; cheeks flushed; great nausea; had pain and soreness in upper maxilla, and occasionally in the hips, and over left side of the thorax, which were even tender to the touch; had a little cough and expectoration, but no pain on deep inspiration; no abnormal murmurs in lungs; the matter vomited was VERY sour; gave Soda Carb. but with no evident benefit; at 7 P. M. gave Quinine gr. x., Morphine gr. $\frac{1}{4}$, in pills; at 8 P. M., said he felt easier, but as if he had a knot in his stomach; left him with orders to take Quinine gr.v. Calomel gr. v. Morphine gr. $\frac{1}{8}$, every 4 hours, with Soda Carb. ad libitum, for the vomiting, and Cremor Tart. Jalap and Soda, to keep the bowels in a solvent state. Saw him again next day; pulse then 80, and small, skin cold, still had the epigastric burning, had vomited excessively; a mistake was made in not giving him

the calomel with the quinine; the bowels had been moved three times, but he had first to take all the powders, (comprising Cremor Tart. ʒ. iv, and Jalap ℈j.) The motions were dark, watery and very offensive; tongue moist, and rather red at the apex; still had tenderness and burning at the epigastrium. Urine free; cheeks flushed; nausea and thirst excessive. Ordered cloths wrung out of cold water frequently changed to be applied to the epigastrium, with Calomel gr. vi. and Morphine gr. ¼. at the time, and Calomel gr. vi. and Jalap gr. viii. every 3 hours, till they operated; give Soda water ad libitum, and if he should feel chilly, use sinapisms instead of the cold wet blankets. On Nov. 1st, he was better; no vomiting, pulse soft, 66, bowels freely moved, motions black and fœtid with some scybala; urine free; no headache, (which had previously been present) has taken some chicken broth; he kept gradually improving under the same course, with the addition ,towards the latter end, of Quinine and Iron and occasionally Turpentine. I dismissed the case on the 12th.

On 7th Oct. 1847, G. K. aged about 35, sanguine nervous temperament, was taken after very similar premonitory symptoms, with some little fever for the first two or three days, intense restlessness, incessant vomiting of sour matters with a sense of burning at the epigastrium; *headache, pain in back and thighs;* bowels costive, pulse oppressed, tongue pale. After the 2nd or 3rd day his skin became cool, but the vomiting continued. The bowels yielded to one or two active doses of ordinary purgative medicine, and the stools were like tar, and horribly offensive. He has since complained at various times, of threatenings of a return of the same, as he has languor, pains in the back, and limbs, &c., but he is a little fanciful I think.

On 18th Sept. 1847, I was called to attend the family of Mr. B., who had been deluded into putting himself under the tender mercies of one of the pepper-box fraternity, alias steamers. There were sick, Mr. B. and his wife, a little girl

of 9 years, and a boy of 7 years old; the latter was dying of dysentery, and the tortures of red pepper injections which had been administered till the poor creature no longer possessed human intelligence, but upon each call of nature would bolt up in bed, and before any one could support him, fall headlong to the floor. He appeared to have lost all self government or consciousness beyond sensation in the rectum; that indeed, in his case, appeared to be the centre of sympathies. The others were well marked cases of the so called milksickness, occurring on a spot, on which it is—be its cause what it may—endemic. The symptoms were of course, not in their simple condition, as the violent and absurd means, which had been already employed, had of course, modified and exaggerated some of them very much. But the common symptoms of pain in the back, head and limbs; the intense craving thirst; the absence of any marked fever; the incessant vomiting of acid matters; the burning at the epigastrium; the obstinate constipation; the cold extremities; the restless indescribable distress; were all present; and in the husband, of a plethoric sanguine temperament, the over stimulation, and maltreatment had given rise to the most violent convulsions, with loss of consciousness, and a bounding pulse. The latter gave way to free v. s., All these patients had had the premonitory symptoms of languor and heavy limbs, popularly called the Tires. The treatment, though eclectic, was essentially the same, and all except the boy recovered. These cases were all, except the 2nd, on the west side of the county, towards the Little Wabash, where low swampy bottoms extended westward of them, and this circumstance applies equally to the second case, which occurred in the South part of the county. During the same period I find on my book brief minutes of a number of cases noted as irregular Intermittents, complicated with Dysentery, also occurring on the west side of the county.

In most seasons our most healthy district is to the east of

the town, unless you go too near the Bonpas Creek. But from the beginning of July to the end of Aug. 1847, we had on the east, and extending north and south, a fever apparently different from what we are accustomed to. But I believe the difference was in grade only. It appeared to rage among those who lived in good houses and were well fed and clothed, as much as among those in different circumstances; (by one practitioner it was called a brain fever) and went *through* nearly all in a house when once it began. My notes supply me with few details, for I was too incessantly occupied to make many. But I would call it Typhus or Typhoid, (though I could discover no cutaneous rash or spots,) or rather as Armstrong & McIntosh call it, Congestive fever, and it tallied with Dr. M's. description most closely. The previous indisposition; the sense of oppression; the headache; the low, quiet delirium; the suffused conjunctiva; the teeth and lips covered with sordes, with the general tendency to Diarrhœa. and even in some cases to Dysentery; and be it observed, these symptoms only differ in degree, not in kind, from the group we have last described. It appeared to concentrate its greatest force on certain spots, and though many other cases occurred, they were more dispersed. Yet there was no ground to consider it contagious. In the house in which occurred the first case of it which I attended, the whole of those taken during the epidemic recovered; but the wife who had hitherto escaped, after nursing the whole family was suddenly taken with a congestive chill, and died in 12 hours; this was three weeks after I had quit attending the others, and just at the same time that the milksick and congestive character began to be most marked. But I look upon this case as of a kindred nature with the previous ones; only that it took a different shape from difference of constitution, and the exhausted state of the nervous system, from fatigue and anxiety. More north in the county, the cases took a more Dysenteric type. In the latter part of Aug. and Sept. the sickness chang-

ed a little, taking on a more intermittent, though not a milder form; approximating more to the character of the case I have just noted, though generally it was more prevalent towards the Little Wabash. I was called to one house on a bluff over the Little Wabash flats, where six were taken down in two days; some were immediately delirious with rending headache; others were cold and puking. Through October the sickness much abated, but still it maintained much the same outlines; and in many instances continued to bear the peculiar features of what is called milksickness. And I would request particular attention to the fact, that the time when the fevers in certain spots took the algid form, was also the time, when in other localities, the milksick group of symptoms became most prominent; in some cases the symptoms of each class, so running into one another, as to make the diagnosis a matter of difficulty. Through Nov. and Dec. the same typhoid tendency, which had so specially marked the middle months, gave a color to all the cases, modified as the weather grew colder, by Pneumonic complications, especially in the flat wet grounds, and in those who had been much exposed, or badly clothed; constituting what is so indefinitely called winter fever, or more properly Typhoid Pneumonia. We had at this time some mild cases of Scarlatina, in the town; but still, as previously, the chief sickness this year appeared to the west of the streams or flats. During a considerable part of the summer, we had a most unusual prevalence of easterly winds.

In regard to the early part of this year, the sickness was not of any particular character; scattering cases of Diarrhœa, Dysentery, Intermittent, &c., occurring, with, in June, two rather marked cases of typhoid fever. But as pointing out the generally progressive development of the prevailing type, already described, I find under the date of 9th June, this note upon my book. "J. H. and wife: disposition to drowsiness, when free from pain and headache;

vertigo on stooping, or sudden motion; dark stools; a feeling of languor and oppression; anorexia; alternate feverish and chilly sensations; pulse low, and when I saw J. H., his skin was cold and clammy, (the general initial symptoms of the sick just now)." In the succeeding month commenced the fever above described.

I have taken a rapid glance at the primary character of the ailments in 1847. Did those of 1848 bear the same stamp? Not exactly; though still the resemblance was considerable; but the average of sickness was in my neighborhood much less. During the early months, the cases bore very much the same features, as in the latter months of the preceding year. But in May, intermittent fevers became common, in many cases, running into congestive remittents: the same may be said of July, the congestive character increasing in frequency and gravity. During this month, there were also some cases of Jaundice; and in the low grounds towards the mouth of the Bonpas Creek, some few cases of Typhoid Erysipelas. In Aug. the tendency to low congestive remittent still increased; accompanied in its own localities, with milksickness; the same may be said of Sept., the amount of sickness abating towards the latter end. Through Oct. Nov. and Dec., the cases were of a promiscuous character; with some few instances of Typhoid Pneumonia, towards the end of the year.

Now, through all this period, in all these various phases of disease, or disorder, as Armstrong, I think more correctly calls it—was there that similarity of symptoms, that would warrant the opinion I entertain of their common parentage? And here I would remark, that I have great doubts whether malarious effects are generally manifested, the season of the inception of the cause; as the greatest results are generally perceived in the middle months, while it is most probable, that the greatest elaboration would be towards autumn. We know, indeed, that the disease may lay dormant, till some

exposure to a further depressing cause, as cold or fatigue, lays a spark on the train. Of this we have a remarkable example in the cases of the British soldiers, who returned apparently unscathed, from the Walcheren Island, where so many of their comrades had fallen victims to its malignant intermittents; and yet, some months after their return to a salubrious atmosphere had, by mere change of weather, the same disease developed. It has probably been remarked by others, as well as myself, that emigrants rarely become subject to endemic diseases, the first season they are here. A modern English writer, (Carbutt) in speaking of the exemption of Manchester from intermittents, observes:—"But do we never see this ague there in Manchester? oh yes; we see plenty of it. The poor Irish who go in the fall to assist in the harvest, in Lincolnshire, Cambridge, &c., come, many of them, to winter in Manchester; and the first east wind that blows in February or March, brings out the paroxysm of ague, which they had caught in the autumn; but which had lain undeveloped and unsuspected in the system, till aroused by such weather as we generally have in February and March." *Till* (he might have said) a call was made upon the vital energies of the system which had been sapped before.

Well, then, let us look back and sum up the evidence. In the early months we find but little peculiar: their diseases in fact belong to the group of winter, and it is not till about April or May, we must look for the starting point. Then we see Intermittents of mild character generally, merely exhibiting the want of nervous tone; but gradually progressing with the year, and the fresh obnoxious cause, aided by the debilitating effects of heat and fatigue, into a graver character. It is now we begin to meet the imperfect reaction, the protracted chill; the prostrate nervous energy: showing clearly that the being taken sick, as it is called, is but the bursting forth of the smouldering fire; for they have been long sick, and the visceral complications are the result of protracted causes.—

Question your patient: he will tell you he has not felt well for some time; he was quite unwell some weeks back, but got better; he has had bad taste in his mouth; irregular bowels; his appetite has often been capricious; but he felt well when at work. We all know how common is such a history, and yet with all this he thinks he was well, and he dates back his present attack to some cold, some getting wet, &c.

Let us look further. We have had cases of Milksick and Trembles, as it is called, with the long premonitory tires, as popularly styled, succeeded or accompanied by irregular appetite sometimes in excess, then entirely wanting; the fœtid breath; the irregular bowels; the pains in the back and limbs; and lastly, in most cases, the torpor of the bowels, often amounting to absolute constipation. In most cases, there is for a few days, an attempt at reaction or fever, but it fails, and then there is the cool skin; the burning at the epigastrium; the excess of acid secreted by the stomach: the consequence, I suppose, at first, and afterwards the cause, of the gastric pain: the excessive thirst; and often again, the ravenous appetite; the oppressed pulse; the depressed nervous sensibility, as evidenced in most cases after the first few days, by the dilated pupils; the miserable indescribable restlessness, the common consequence of congestive oppression; the black, tarry, fœtid stools; or else the green scylabous ones, (when stools are obtained.)

In some of these cases, the symptoms so vague, that even the neighbors, with all the popular belief in its specific and distinctive character, will contest among themselves, the question of its identity; and yet its fraternity could not be doubted by the observant physician, if similarity of pathological derangement, and symptoms, grouped in like order, and only differing in degree, be the criteria in diagnosis.

I have described as occurring at the same time, or just preceding—but in different parts of the county—Congestive Remittent Fever, of a most grave character; with headache;

pains in the limbs and back; vomiting; and in most cases, accompanying Diarrhœa, with epigastric and abdominal tenderness; and as the weather grew colder, Pneumonia. But what class of Pneumonia? Was it with high febrile excitement; pain; cough; hot skin, and flushed face? No, indeed: but a true typhoid disease, in a large proportion of the cases; with dry, dark tongue, and crusted teeth; Diarrhœa; feeble, quick pulse; and listless, yet restless feelings; and but little thoracic sign, but what the stethescope supplied.

In the succeeding year, 1848, we find pretty much the same record: the same classes of disease, appearing in the same localities. The following case, in Aug. and Sept., will illustrate in detail, the fevers of that year, classed by me, as congestive remittent. The location, a flat prairie, to the north east of a timbered swamp:

E. F., a girl of about 15; sanguine nervous temperament, was taken on Monday, 28th Aug., with fever and lassitude; no chill noticed; took some pills, which moved her bowels. I saw her on the 31st; at that time, the motions were dark and watery, with yellow shreds floating therein; tongue, broad, moist, and coated whitish yellow, with red points projecting through the coat, towards the apex; has had headache; is now dull and restless. On the night of the 29th was delirious; dropping asleep and waking up in great alarm; pulse soft and small; skin not hot; passes urine often, but in small quantities; has no appetite; not very thirsty, till last night. Quinine gr. vii.; Morphine gr. ⅓; Blue Mass gr. v., every six hours; Sp'ts Ether Nit. Aqua Camph. equal parts; a table spoon full in water, every three hours.

1st Sept. Yesterday about 4 P. M., had a hot skin, which cooled down during the night; pulse now 72, soft and full; skin cool, and sweating; tongue moist, and coated whitish yellow; still some red points; there is a dry furred stripe, rather brown at the root, down the centre of the tongue, but not reaching to its point; slept pretty well nearly all day yester-

day and last night; bowels not moved; urine more copious; face occasionally flushed; her eyes are natural; she is very susceptible to noise or talking, (perhaps caused by the Quinine;) has not eaten anything; not much thirst; says she has no pain anywhere. Quinine Sulph. Ex. Gentian aa. ℈j. in pills ix. three to be taken every six hours, with Blue Mass gr. v., continue Spirits Nitre and Aqua Camph.

2nd Sept. Is better; skin cool; pulse 70, small and weak; tongue clean and moist; no headache; no pain; bowels open; some scybala; slept well last night; has taken some chicken broth; continue same treatment, with wine or beer.

4th Sept. She is mending rapidly. R. Calomel gr. x., Jalap gr. x., and then resume the quinine pills, as before.—Dismissed.

This was a very mild and favorable case, yielding readily to treatment: I select it for its brevity. I would furnish many more, some of much greater severity; some mixed up of these symptoms, and those of the supposed milksickness, but I have already extended this paper too far.

These were diseases, in my belief, depending on Malaria for cause or color; and here I would wish to be understood, that I intend not to argue, that all diseases are so caused, nor even that all the cases that I have refered to, were wholly of that character. But that in all, the peculiar grades they took, when once developed, was dependent on the previous depressed nervous condition; the effect of Malaria. In the same way as the hysterical constitution, or the acquired diathesis of the habitual inebriate, modifies the character of every ailment to which such individuals may become subject.

I consider Malaria to be a depressent poison; the peculiar effect of which is to obtund or crush (in proportion to its concentration, and the constitutional resisting power of each individual,) the nervous system of those exposed sufficiently long to its action; as we see manifested in the oppression and Malaise, so generally experienced by persons for days or

weeks previous to the attack of sickness, and as shown in the prostration, and insensibility to the stimulus of medicines, &c., in many bad cases of fever; and as we see in its more exaggerated form, in those fearful cases, where, as in a person asphyxiated, they sink beneath the cause, without nature appearing even to make a struggle.

In the following remarks, then, I assume the agency of Malaria as proved; and shall only now briefly point out the mode and channel, by which, I conceive, its fearful powers are brought to bear upon the system. In order more effectually to convey my explanation of its effects, I would recall to your attention the fact, and one which I think cannot be too familiar to our minds, of the division of the nervous system as defined by Bichat, into the nerves of relation or animal life, and nerves of nutrition or organic life. And it is to these last, that I think our attention is especially called, in connection with this subject; admitted as it now is, by Physiologists, that from the ganglionic system are derived those nerves lining the blood vessels; and therefore, receiving the first impression from all elements circulating in the blood, and also controling nutrition, secretion and absorption. Malaria we have assumed to be gaseous; and though capable probably, of being to some extent absorbed through the skin, to our clothed bodies at least, its introduction must be clearly by the lungs; and let its constituents be what they may, must, like the oxygen of the air, enter the blood by endosmosis: thus in a moment is the whole nervous tissue, lining the vast area of the vascular system, subjected to its influence; which, if of concentrated force, and the resisting power relatively small, crushes it at once, as in some rare instances we see. Or acting gradually and slowly from its diluted state, paralyses by degrees or perverts, that vital energy, upon which depends the healthy functions of all the organs of secretion, or absorption; for what, after all, is secretion? what is absorption but vascular action?—What are the organs of secretion or absorption, but certain con-

geries of vessels specially circumstanced, and specially endowed for certain and specific departments of the same function? But is this prostrated condition of these functions, the whole amount of the mischief? Unfortunately not! This deranged condition of the several organs designed to purify or repair, leaves the circulating fluid, from neglect of its natural guardians, loaded with elements which should have been removed, and therefore, unfit for healthy nutrition of the tissues; and thus the torpor of function of one organ, may throw corruption and derangement through the whole. Thence results either excitement of function primarily, or by reaction, as in the excessive secretion of Dysentery or Diarrhœa, when endemic or epidemic, or accompanying or complicating fever, and perhaps we might even say in Cholera: or producing torpor, palsy of the intestinal muscular fibres, as exhibited in the so called milksickness, and the character of which palsy, is so peculiarly illustrated to us all in the constipation of lead cólic; a disease receiving its special cause also, either by cutaneous or gastric absorption, or by inspiration; but from either mode producing the same results. But to return to our text. This same cause, manifests its action in either excessive secretion or suppressed secretion; in depressed capillary action and decreased capillary area, as we see during a chill, and the engorgement of the internal organs as its consequence, as we know occurs in the spleen and liver, and doubtless also in the network of veins surrounding the Theca Vertebralis, and, I believe, the cause therefrom of those dorsal pains, so constantly accompanying the first periods of our fevers, as also supplying us with a ready explanation of the origin of those anomalous pains in the limbs, of which our patients under such circumstances, make such bitter complaints. Upon what other view can we explain the strange symptoms we have most of us occasionally met with, of pain in the great toe or heel, and there only; a symptom said to have been peculiar to a disease known and dreaded through

this country, many years ago, called by the people, Cold Plague, very fatal, little understood, and doubtless a peculiar shade of Congestive fever.

Now, then, I think I have shown that certain painful symptoms, common in many of our endemic diseases, are readily accounted for on clear pathological principles. Let us see what Dr. Bell, the great contemner of Malaria, says in reference to the production of local effects from general causes. In showing the one sided reasoning of the followers of Broussais, he has the following:—"In the first place, let us inquire whether any cause acting on the whole economy, is capable of producing local disease. Now I believe it is quite certain that such is the fact, and that we may have first a morbid condition of the whole system, and consequent on this, nervous local lesions. Several continental pathologists, but in particular, M.M. Gaspard and Majendie, have shown by repeated experiments, that we can produce all the phenomena of Typhus in the lower animals, by introducing putrid substances into the system. These gentlemen injected putrid substances into the veins of animals and applied them to the surface of wounds; and in every case where these experiments were performed, they observed that the animals became ill; had langour; loss of appetite; thirst; prostration; in fact all the symptoms of bad typhus, and in case of death, they exhibited local lesions, corresponding with those we meet with in the human subject in fever." Here, then, is admitted the capability of agents acting on the general organism to produce local effects; the accompanying symptoms too, of which, closely correspond with those we have sketched as resulting from Malaria. But surely I have said enough. That certain agents of a gaseous form, can, when inhaled, produce all these effects is well shown in the following extract from Christison's work on Poisons:—"In March 1817, a number of miners at Lead hills, were violently affected, and some killed, in consequence, as was supposed, of the

smoke of one of the steam engines having escaped into the way gates, and contaminated the air. The gas present was supposed to have been sulphurous acid gas with carbonic, both in a diluted state; some who attempted to pass through died immediately, some made their escape after some hours, but some remained till the air was so far purified, that their companions could descend to their aid. When Mr. Braid first saw them, they were running about frantic and furious, and striking all who came in their way; some ran off terrified, when any one approached them; some were singing; some praying, and others lay listless and insensible; many retired and vomited. In some the pulse was quick, in others slow; in many irregular, and *in all feeble;* all who could describe their complaints had violent headache; some Tenesmus, and a few Diarrhœa; many recovered in a few days."

But let it be remembered that in these cases the poisonous gas was inhaled at once, and not during a long period, in a state of great dilution, like a secret foe, working unseen, till the superstructure of our health is trembling to its base. That constant and long continued obstruction of the cutaneous functions, from cold, or damp, or other cause, may by suspending the proper depuration of the blood, cause it, after a time, to become so loaded with effete matters, that by the irritation it may produce from the exerted vicarious action of other organs, and the depraved nutrition supplied to the body, may give rise to conditions, and symptoms of those conditions, in many points analogous to the effects of miasmatic agents, I do not dispute. But such would undoubtedly be cases of exception; similitudes, and not the rule, or the thing itself. The ordinary effects of vicissitudes of heat and moisture, we all know to be inflammatory diseases; such as simple acute Pleurisy; acute Pneumonia; Rheumatism; Inflammatory Erysipelas; Inflammatory Fever; Peritonitis, &c., &c, These are effects from sudden causes, acting on previously healthy bodies, and widely different, I conceive,

would be our diagnosis, prognosis and treatment. In this relation, is, I think, one of the most important bearings of our subject Are we to consider all these cases in different districts, and on different soils, as alike? Are we to treat Pneumonia, as occurring in our low, swampy grounds, with the same means we would apply to the same disease in a hardy mountaineer? Is Erysipelas when epidemic to be treated in like manner. to the same disease, occurring in a healthy subject from some local irritation; or rather do we not know, that in certain spots, call them malarious or what you will; let the cause be bad air of one kind or another; our patients wear, not only in the pallor of their skins, and the size of their solid abdominal organs, but in the grade of their diseases, the stamp of their locality. In the words of Moore,

"The trail of the serpent is over them all."

The proverb says, tell me the company you keep, and I will tell you what you are. But I say, tell me where you live, and I will make a very close guess at the character of your disorders: and indeed, is it true, that full often, to look in a man's face alone, tells but too plainly the character of the soil he lives on, and the air he breathes.

ARTICLE II.

Hæmorrhoides with Scirrhous Rectum —By R. WILLARD, M.D. of Oswego, Ind.

Mr. Alex. C. Bull, æt. 26, of good constitution, and temperate habits, was seized with a disease of the anus, supposed to be Piles, at the age of 20 or 21; after becoming trou-

blesome, was treated by Physicians in Massilon and Wooster, Ohio, but without any apparent benefit. In 1846 he removed to Indiana, so infirm as not to be able to labour, nor had he been for a year previous to his return to his friends here. The diseased state of the anus and lower portion of the rectum, was becoming more and more formidable, and he resolved to visit Cincinnati, and put himself under the care of Messrs. Hill & Morrow, the former, Professor of Surgery in the Eclectic Medical School. These gentlemen excised by ligature one tumor; cauterized some, and discharged him with an assurance that he would soon be well. What the bill of these gentlemen was, I did not learn, but the brother informed me that during his stay of nine weeks, it cost him $400. Suffice it to say, that he returned to his friends unbenefitted. Science having failed to restore him; he again applied to some German pretender, and then to a professed Botanic, and finally, when the symptoms became so urgent as to threaten the citadel of life, I was sent for also, and found him in the following condition: When repairing to his bed side, I asked him how he did. With apparent emotions of hope and despair alternating, he turned down the clothes to show me what a dreadful state he was in. My senses were shocked on beholding the enormous size of his abdomen, which I found on examination, to be tympanitic, and greatly emaciated; with hectic pulse; flushed face; parched tongue; dyspnœa, and much restlessness; wanted water constantly, and as frequently ejected it.

Having obtained a succinct history of his case, and being informed that he had not for some 86 or 88 days, had what might be considered an operation from the bowels, I proposed to examine the nature of the difficulty. He was accordingly laid upon a low bed, near the window, for examination. The sphincter ani, rectum, and all the soft parts between the tubera ischii, appeared to be a perfect mass of Scirrhus, and to the touch quite unyielding. I then attempted to introduce

a metalic sound of some nine inches in length, feeling and probing into several fissures, and ultimately succeeded in passing the instrument up the rectum. On its withdrawal, no feces followed. I then informed him and his friends, that I saw no way in which I could render him a permanent benefit, and that a reduction of the abdomen was absolutely necessary to any relief, and in order to effect such a result, I knew of no other way than to discharge the gas by puncture of the parietes of the abdomen; but viewing the case hopeless, I should not attempt the measure without the full and entire consent of the patient and his friends; the latter of whom made no objections, while the patient, conscious that something must be done, wished me to operate. Having with me a small trocar, I passed it into the abdomen through the linea alba, some two inches below the umbilicus; the effect was, on withdrawing the stilet. that a sudden and forcible escape of gas followed, and the abdomen was reduced to nearly an ordinary size. The patient made no complaint in the operation, and said he felt relieved. My mind was now drawn to a consideration of the cause of this untoward phenomenon, as regarded the nature and extent of the disease, as also the practicability of any permanent relief. It occurred to me that possibly the natural passage might be made pervious, or an artificial one substituted. I therefore ordered an elder quill with the pith removed which I dressed up with cotton flannel in a manner so as not to lacerate the parts.

Having prepared a mucilage of cortex ulmi and lubricated my finger, with cautious perseverance I succeeded in passing it down the scirrhous affection in the channel of the true rectum; but the indurated condition of the surrounding parts, were so resisting as to preclude any passage of feces. Having withdrawn the finger, I then attempted the introduction of the canula, which, after using some address, turning and twisting, was carried above the stricture. The result was a passage of dark colored feces, in the amount and consistence

of something more than an ordinary discharge from physic. About this time a sensible chill came over him, with returning pains and fulness of the bowels. Having taken a saucer of gruel soon after the operation of paracentesis, the question arose in my mind, whether it had become fermented so as to produce the tympanitic state of the abdomen, or whether a putrescent state of the viscera had not produced it. Suffice it to say he soon became inflated; while a train of symptoms began to assure me that death would claim its victim. He died in about four hours from the time I first saw him.

Now, the inquiry will arise, can the anus and rectum be so diseased as to utterly preclude fœcal discharge? Can a person subsist three months, by what chylopoietic nutrition the stomach and upper bowels are able to concoct, and take up, and at the same time the lower bowels serve as a reservoir for the feces during that time? Such seems to have been the above case, though the patient was greatly atrophied. Had it been practicable, it would have been interesting to examine into the pathological condition in the above case, and thereupon premise some efficient method of treatment; but circumstances did not allow a post mortem examination to be made.

Should the above case be thought of sufficient interest to find a place in your journal, it is at your option to insert or otherwise.

ARTICLE III.

Observations on the use of Coffee as a Cause of Disease.—By W. MATTHEWS, M.D., of Nicholsonville, Ind.

Because an article of diet or luxury is in universal use, it is not therefore, necessarily innocuous. On the contrary, sever-

al articles which are habitually used by a vast majority of the civilized world, are highly deleterious to the health of the millions who employ them. Most prominent among these are the various preparations of *Alcohol*, *Tobacco*, *Tea*, *and Coffee*.

Passing by the three first named substances, I design, in the observations which follow, calling the attention of the reader to some of the pernicious effects which Coffee, as it is commonly used throughout the Western Country, is capable of exercising upon the constitutions of its consumers. especially of those who use it, as the phrase is, immoderately.—It is true, that persons may live to a great age, and for the most part in the enjoyment of tolerable health, although they swallow daily small doses of poison; yet when the doses are increased, either in frequency or size, a more or less rapid decay and wretchedness is the consequence. Thus, the moderate spirituous drinker, may live to a great age, and even enjoy for the most part, an exemption from pain and sickness; yet no sooner does he become an intemperate drinker, than functional, followed sooner or later, by organic disease, ensues, and life, if not at once destroyed, is rendered burdensome, and the wretched victim drags out a miserable existence of pain and anguish. And the same, I conceive, is true, though in a degree less marked, when coffee is substituted for the alcoholic potations.

Hundreds and thousands of people, especially in the Western States, destroy their health by the intemperate use of coffee, as certainly as the unfortunate inebriate destroys his by the excessive indulgence in his peculiar vice. And it would not seem to be an irrational conclusion, that if large quantities of coffee taken into the stomach prove deleterious to the human system, when taken in less quantities, the same consequences follow, though in an inverse ratio. Admitting that a single cup of coffee, when suitably qualified by cream and sugar, does not act, either upon the nerves of the stomach, or

upon the general nervous system, to which its action is chiefly directed, injuriously, yet the validity of the above proposition is not in the least lessened; for here in the West, where everything is tending to extremes, it is not at all uncommon, indeed it is very common for nervous and exsanguineous females to consume, during a single meal, two, three, four or six cups of strong coffee, almost boiling hot, and perhaps, entirely unqualified by the cream and sugar. Is it not strange, that persons indulging thus intemperately in the use of a pretty active narcotic, should be able to resist its pernicious effects as well as they do? Nor is it uncommon for such individuals to repeat these enormous quantities two or three times daily. Even hot water, thus habitually swallowed, one would suppose could not fail to disorder the stomach, and ultimately lead to troublesome dyspeptic affections; and such, there can be little doubt, would be the case, especially if accompanied by sedentary habits. Because the gastric juice when greatly diluted, it is well known, loses to a corresponding degree, its solvent power, upon which depends almost entirely the physiology of healthy digestion. But Coffee, when unduly indulged in, undoubtedly interferes with the process of digestion, not only by diluting the gastric juice and scalding the mucous membrane of the primæ viæ but also by disordering, by its narcotic property, the organs of the gastric secretion itself.

Now, it is obvious that the effects of the inordinate use of coffee will be seen, first, in the disordered state of the general nervous system; and secondly, or concomitantly, in the disorder of the digestive apparatus. From often repeated abnormal stimulation of the nervous system by narcotics, we look for tremors, palpitations, headaches, general debility, and more or less irritability of temper. And such are precisely the symptoms that are evolved in persons addicted to the vicious practice of goading their stomachs, several times daily, with enormous quantities of strong, hot coffee. But most cer

tainly, along with the symptoms above enumerated, we have superadded those common to dyspepsia; such as constipation, a foul tongue, habitually high colored urine, tenderness of the epigastrium, heavy, dull, and persistent pain of, most often, the left hypochondrium, sallow or icteric complexion, lassitude, with a sensation of weariness throughout every part of the body.

For the purpose of more fully illustrating the subject, the two subjoined cases are offered. Similar cases might be mentioned to an indefinite extent, but as little advantage would be likely to result from a repetition of such examples, it is deemed unnecessary to occupy valuable space therewith.

Case I. A boy of twelve years of age, who from infancy had been accustomed to coffee drinking, during the last year had been in a state of ill health. He was pale and exsanguineous; features sharp, and contracted; complained frequently of severe headache; was peevish and ill-tempered. For months he had been suffering from universal tremors; could scarcely raise his hands to his mouth; and indeed, ultimately suffered a paralysis of his right arm and hand. Upon inquiring into the case, it was ascertained, that he was in the habit of consuming three large cups of coffee, once, twice, and not unfrequently three times daily. He took no medicine, but was advised to abandon, *in toto* his long cherished coffee, and use in its stead, a moderate quantity of cow's milk. With the suspension of the coffee, he began to improve, and in a few weeks was in the enjoyment of excellent health.

Now, there can be no question, that if the boy had been allowed to continue his coffee, despite the most judicious medical treatment, he would have remained in ill health, and after years of wretched valetudinarianism, would have become a prey to a pernicious luxury, of the injurious effects of which neither the child nor his parents, ever dreamed.

Case II. W. M., a medical man, of slender and delicate constitution, about thirty years of age, for several years pre-

vious to the last one had been the subject of dyspepsia, and its twin brother, hypochondriacism. His bowels were habitually disordered; being either constipated or suffering from Diarrhœa; he was subject to headache; was fretful, emaciated, feeble, short of breath; and upon the slightest exertion, either of body or mind, incipient syncope would be induced; there was irregular action of the heart and arteries—especially of the carotids—which led him into the belief, that he was the subject of incurable cardiac disease. But the most prominent and troublesome symptom was an indescribable persistent pain or uneasiness of the left hypochondrium, which tormented the unfortunate sufferer continually, and from which it was next to impossible to divert his attention, even for a moment. Every imaginary treatment was, of course, adopted in the management of this case; but all to no purpose. The patient being of temperate habits was *dieted* almost to death, yet every symptom seemed to be becoming more grave. The patient was a coffee drinker, and for several years had been in the daily habit of using a single cup, three times daily. This he was finally induced to abandon; and from that day—the day on which he parted with his old and long cherished companion, his improvement has been steady; and at this time his health is sufficiently good to attend to an extensive practice in his profession.

ARTICLE IV.

Singular Case of Malformation.—By C. A. HATHWELL, M.D., of Virginia, Ill.

I submit the following remarkable case which occurred in my practice, for record in the pages of this Journal, with considerable reluctance; but I deem it the duty of every prac-

titioner to fearlessly give such extraordinary cases to the public, totally regardless of the opinions some may entertain and express.

Dec. 7, 1849. Called in great haste to see Mrs C. W., residing in the country. On my arrival found her flooding rather profusely: at once prescribed cold applications to the pubes, 30 grs Acet. Plumbi, 3 grs. Pulv. Opii, m. div. in pulv. No. vj., to be given at appropriate intervals; strictly enjoined perfect rest, with cool acidulated drinks. The lady was in the eigth month of her pregnancy. Upon inquiry, I learned the following history of the case: Not long previous to my being sent for, whilst at the wash tub, and leaning against the machine, suddenly the tub upset and she fell with great violence on her abdomen, across the tub. In the course of an hour afterwards hemorrhage ensued; this having become alarming, I was immediately called in. I remained with her until the flooding was considerably abated. Called next day; found my patient better, hemorrhage very slight; ordered much the same treatment, omitting however the Acet. Plumbi and Opium.

Dec. 23. Was again summoned to attend the lady, found her very restless, fretful and uneasy, feverish, cephalalgic, tongue loaded, breath hot and offensive, with dyspnœa, bowels very constipated, had had no operation for some 40 hours, &c.; was informed by an elderly attendant that she had been in labor five or six hours; but the pains were very weak. After some time I requested an examination, which was positively objected to. Taking the costive state of her bowels into consideration, I ordered enemata immediately, which was promptly attended to. A discharge of feces was procured and my patient was much relieved. The pains gradually became stronger, but with long intervals between them. Permission at length having been obtained, I examined the patient. I found the os uteri much dilated, and a hairy, soft, pulpy mass presenting itself. Pains became still more forcible and fre-

quent. I endeavored to feel for a fontanelle, or something by which I could distinguish the mass that was there, but in vain. I confess I was at a loss to comprehend it, and felt quite uneasy. Pains now became very strong, and at each successive one, this hairy mass was gradually protruding itself, long and narrow, until some twelve or fourteen inches (it appeared to me) was beyond the Labia Pudendi. After a severe pain this part suddenly advanced, and at once assumed a round globular form, which I then discovered to be a head. In due course of time the whole was born. I cut the umbilical cord and took it away. It had evidently been dead some time; was discolored, and quite offensive. The description of the fœtus is as follows: the head was large, very soft, with apparently no ossification whatever; the eyes also large, the pupil particularly so. Where the nose should have been there was an entire flat space, terminating below and just above the mouth, in two small foramina. There was no external ear, but a small round hole on either side. The shoulders were depressed and bending forward; and upon investigation I found a deficiency of the clavicle on either side. There was no thumb on either hand, and the nails were on the inside of the phalanges; a thin membrane growing between them, from the metacarpal bones to the end of each phalanx, connecting them in a manner similar to the feet of a duck or goose. I perceived nothing further unnatural until we arrived at the patella which was situated in what should have been the popliteal space; the heel was anterior and the metatarsal bones, &c., posterior. Seeing the great distress of Mr. W., I forbore, through feelings of delicacy and respect, from examining it more closely.

I most earnestly requested him to permit me to preserve it, using every argument I was master of to persuade him of the propriety of so doing, but to no purpose. I was peremptorily refused, from conscientious prejudices against any thing of the kind. Seeing it was impossible to overcome his repug-

nance to my having it, I urged the matter no further. He would have it buried, and I never ascertained where. The lady stated to me that she had not felt the muscular movement of the child for some weeks previous to her accouchment. The placenta came away in proper time; some hemorrhage ensued, much coagulated blood and some pus. I visited the lady some three or four times and she did well.—Her husband informed me in conversation some days afterwards, that this was the third time she had proved pregnant, and that twice before she had miscarried in the seventh month of her pregnancy.

ARTICLE V.

The Obstetrical Extractor.—A Paper read before the Chicago Medical Society.—By JOHN EVANS, M.D., Professor of Obstetrics, &c., in Rush Medical College.

The idea of laying hold of the head of the child to exert extractive force upon it, must have occurred to the first intelligent accoucheur in attendance upon a tedious or obstructed labour. And yet we have no account of any successful means having been devised for fulfilling this plain indication, which so frequently occurs in the practice of every Obstetrician, up to the time of the Chamberlains. And since the discovery and universal adoption of the obstetrical forceps, which, by general consent, are not proper to be used in one fourth the cases in which this kind of aid is indicated, the whole profession, has strangely enough, seemed to be satisfied with efforts at improving them, without seeming to think a

better contrivance possible or desirable. So much so has this been the case, that when two years ago, I proposed to devise an instrument that would be simpler, safer, and more general in its application, I was met on every hand by the reply, that the forceps properly constructed were all that was wanted.—But the multiplicity of modifications through which the forceps have gone shows that there is great deficiency in the instrument.

Since the greatest obstacle in the way of improvement, is a want of a proper understanding of the errors and deficiencies under which we labor, I will, before describing the instrument I have invented, and used as a means of extracting the head of the child in difficult labor, direct attention to some of the numerous defects of the forceps. For, notwithstanding they are the greatest triumph of obstetrical art, if not the most useful instrument ever invented for the relief of suffering humanity; still, they fall far short of fulfilling all the indications for a resort to extractive force in parturition.

The size of the forceps, with their wide, rigid, permanently curved clamps, renders their introduction difficult; in all cases painful—often dangerous—and under many circumstances, entirely impossible. The dangers of lacerating the vagina, os tincæ and perinæum, and of destroying the child, from compression of the head, where much force is required, are familiar to all, and universally admitted.

A large number of cases evidently demanding such assistance as they give, are allowed to go on hour after hour, and sometimes, even days, without relief, from a horror of applying the forceps; which can only be the result of their danger and the pain necessarily inflicted by them.

The forceps are not applicable until the head has engaged in the superior strait, and according to British authors, not until it has descended into the cavity of the pelvis, and are not applicable until the os tincæ is dilated, under any circumstan-

ces. Hence, they are useless in many cases of hemorrhage, and convulsions, demanding speedy delivery.

They interfere with the natural rotation, if applied high up in the pelvis, and thus render the delivery more difficult.

The rules for the application of the forceps are so complex and varied, that they are learned and understood with difficulty, and the cases in which their use is recommended occur so rarely, that few practitioners are prepared to use them, when the emergency requiring it comes.

Certainly, under these circumstances, and in view of the great amount of suffering endured in consequence of the want of an instrument to fulfil the indications in these and other cases, it will not be out of place to give the results of my efforts to furnish the desideratum.

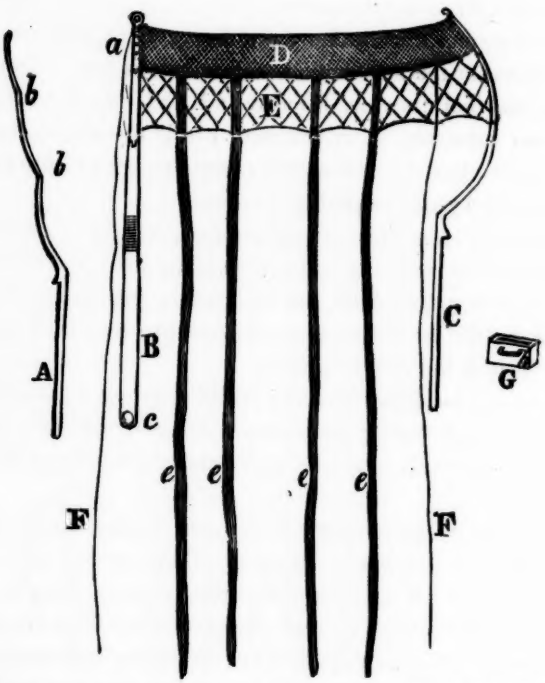
The Obstetrical Extractor was exhibted to my class in Rush Medical College during the winter of 1848-9; but, by waiting to test its applicability, it has not been made more public until now.

The principle upon which it operates is plain and simple, being that of placing a band or fillet around the head of the child above its largest diameter, and fixing the ends near together, by steel fingers, so that it cannot be drawn off. From this band straps pass down to the vertex and out through the os externum, to be grasped by the hand, and upon which the extractive force is exerted.

The band or fillet is applied after the manner of passing the ligature around a polypus by Gooch's double canula, as will be more readily understood after describing the instrument.

In the following cuts No. 1 shows imperfectly the instrument and its different parts, and No. 2 its position upon the head when applied.

CUT NO. 1 SHOWING THE EXTRACTOR.



A The edge of one finger extended as when introduced; *b b* joints.

B A finger showing the palmar face and the attachment of the band at (*a*) the ring on the end; *c* a hole in the end of the handle through which strings may be tied.

C The edge of the other finger turned up to show the curve when flexed, with band attached.

D The silk braid or fillet to which are attached straps of silk braid *e e e e*.

E A net-work two inches wide of small silk braid sewed together to form the meshes.

F F Fine silk braid strings attached to the band half way from the end to the centre and passed through the rings to draw the band into them.

G Sliding ring that slips on the handles to firmly hold them in apposition.

The Extractor consists of two blades or fingers of steel that are exactly alike; each 11 inches long, 5 inches of which is handle and 6 inches finger; a sliding ring; a silk band pass-

ing from one finger to the other, 9 inches long by 1 inch wide, and 4 straps of silk braid passing from it downward between the fingers, 18 inches long, and $\frac{1}{8}$ of an inch wide. Between these straps and attached to the inferior margin of the band is a net work 2 inches wide, made of silk braid.

The handles are $\frac{5}{8}$ of an inch wide, and 3-16ths thick, uniform and straight the entire length, so that a sliding ring can be passed over both when their edges are brought together, so as firmly to fix them side by side, as at *G*, cut 2.

The other part forms the finger which has a curvature to fit the convexity of the child's head. It is $\frac{1}{4}$ of an inch thick at the junction with the handle, for here the greatest strain comes on the instrument, but rapidly becomes thinner toward the end, until it is as much attenuated as it can be, to allow of two strong hinge joints (*b. b.*) in it. It tapers also in width from $\frac{5}{8}$ of an inch at the handle to $\frac{3}{8}$ at the end, where it is terminated by a ring, the hole (*a*) through which is $\frac{1}{2}$ of an inch in diameter. The edges of the fingers are rounded and the hinges made so that they present no roughness. They allow flexion enough to adapt the finger to any part of the head upon which it may rest at the time, and extension enough to make it as straight (*A*) as is desirable in the introduction of the instrument. The slide holds the handle and fingers parallel and firmly together, so that their ends cannot separate.

The band (*D*) or fillet is firmly attached to the end of each finger at the ring, and by a few drilled holes below it. This is the main part of the instrument as the steel fingers are only used to pass it around the head and hold it there.

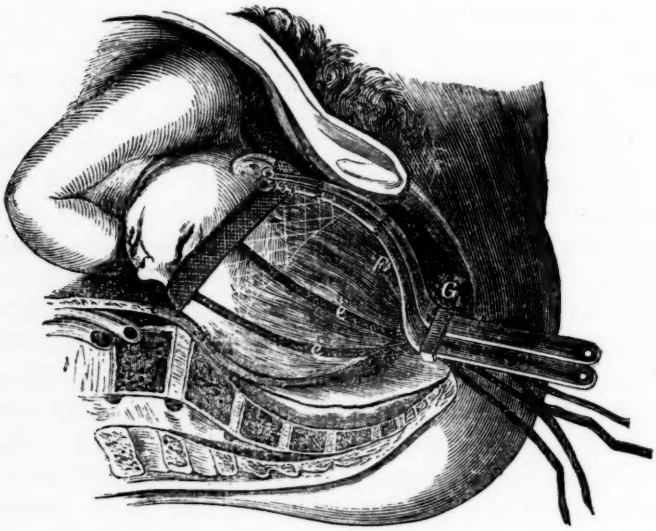
The net work (E) is designed to keep the band from slipping over the chin of the child and to keep the straps in their places.

The straps (*e. e. e. e.*) are firmly sewed to the margin of the band nearest the handles, and pass down so as to reach some distance below the ends of the handles. These may

be tied together at their ends, to form a loop in which the hand may hold when pulling to extract the child.

The thread or fine braid (*F F*) is to draw the band into the rings at the ends of the fingers, so that it will be carried entirely up during the introduction of the instrument.

CUT NO. 2 SHOWING THE APPLICATION.



To prepare the Extractor for application, draw the band through the rings, and tie the threads holding it to the ends of the handles; put on the slide, extend the fingers, adjust the straps, and dip the whole in oil.

To introduce it, pass two fingers of the left hand to the presenting part of the head of the child, or to the os uteri; take the instrument as prepared, by the handles, holding the straps in place, parallel with the fingers of the instrument, and pass it within the uterus, with the palmar surface of the fingers next the head. Then as it is passed up, flexion of the fingers will take place from traction on the straps and the pressure

of the uterus, so as to keep them in contact with the head, as if grasping it. With the fingers of the left hand examine and adjust the end of the instrument so as to give it a right direction, then gently press it up until the curve fits upon the head, as seen in cut No. 2. When the end with its bunch of silk passes over the greatest diameter of the child's head, the resistance gives way and it becomes free.

In this process there is no danger of injuring either mother or child, if done with moderate prudence, as the end of the instrument is protected by the bunch of silk band drawn into the rings. Next the threads that hold the band thus, are loosened and the slide taken off. One handle is now grasped and gently carried around the head from its fellow to the opposite side. As the finger goes round it pays out the band at the very place desired. Care must be had that none of the straps are pulled at this stage of the process, lest they draw the band too far down. The other handle is next grasped and carried in the opposite direction until it meets its fellow. During this part of the process two points should be attended to, to facilitate the application. First, to relieve compression between the head and any part of the pelvic walls, the former may be pressed upward. And when the instrument is passing over the occiput, if passed far up, the end of it may strike against the child's neck and make an obstruction. If this occurs, slightly withdrawing the handle will obviate the difficulty.

When brought together the slide is to be placed upon the handles again and the straps adjusted with the fingers, so as to be about equi-distant from each other, gathered together and passed through the staple upon the sliding ring, and drawn down tightly. Thus applied, the slide on the handles holds the fingers of the instrument parallel to each other, and fixes firmly the ends near together so that the band cannot give or slip off of the head.

The instrument thus applied as seen in cut No. 2, is ready for the application of extractive force, which may be made as occasion requires either directly, obliquely downward, upward or to either side by pulling more forcibly the opposite straps. If the head needs its position altered, it gives us the best possible power for accomplishing it.

Although I have had but limited experience in the use of the *Extractor*, so far it has proved itself to be all that I could have expected. My greatest fear, before using it, was that it would be difficult of application, and especially in passing the fingers from one side of the head to the other, but in this, even when the head has been pressed down tightly in the pelvis, I have met with comparatively little difficulty, as the whole process of application required but a minute, and scarcely caused an extra pang of suffering to the patient.—But as the test of experience can scarcely be claimed for the Extractor, we will look at it philosophically and see what indications it will probably fulfil.

As it is capable of being extended beyond a right line as shown at A. Cut No. 1, it can be passed round the bulge of the head at any point in the maternal passages and from its small size, flexibility, and smoothness, with great facility.

These traits will also enable the operator to apply it even before the os uteri is dilated larger than the size of a dollar. The bunch of silk braid at the extreme end of the instrument, made by the band being drawn into the rings, makes a perfect protection from its being pushed against the uterus or child in a way to inflict injury.

The parts applied to the head, being a kind of silken net work, are in no danger of injuring the child.

The application of force involves but little compression of the head, which is left free to be moulded to the shape of the passage.

The straps being so soft and yielding, and their adaptation to the head being so close, there is no danger of contusion or

laceration resulting from them. Even when the os uteri is but slightly dilated the straps would be in no danger of injuring it.

The head is so completely grasped by the instrument, that we can apply our force so as to make but little pressure on the mother's parts, in advance of the head.

There is no precise place on the head where the instrument must be applied, as there is no danger of its injuring any part. The small size of the instrument (its weight entire is 8 ounces) renders it convenient; its simplicity understandable and safe, and its cheapness commends it especially to those who have not been able to procure the forceps, on account of their price. The Extractor will probably not cost over 3 or 4 dollars when its manufacture is systemized.

The cases to which it is applicable are:

1st.—All of those in which the forceps are now recommended, excepting when the head may be so firmly locked between opposite points of the pelvis that it cannot be moved by compressing it upward.

2nd.—All labors protracted in the second stage, where it is possible to deliver with safety to the child. Being applied with little pain or danger there can be no excuse for allowing a patient to suffer the agonizing throes of labor, hour after hour, without progress, as is done in almost all such cases now, should the physician have the Extractor at hand.

3rd.—In labours obstructed at the superior strait of the pelvis it will be especially applicable, for the higher up the head is at the time, the easier will be the application of the instrument. This will be manifest if we consider how readily it can be passed up by the side of the head when the fingers are extended, and that the only obstacle likely to interfere with its application is in passing the fingers from one side to the other, of the head. The higher the head is up, the more loosely it floats, and of course, the less resistance of this kind will be offered.

4th.—Cases requiring speedy delivery at any time, either before labour has commenced (for the os uteri toward the full time is always dilatable enough to allow of its application,) or during its progress, as is sometimes desirable in convulsions, hemorrhage, and the induction of premature labour, to prevent craniotomy.

By applying the Extractor, immediately after the separation of the placenta, in placenta previa, as recommended by Prof. Simpson, probably the head may be kept so compressed against the os uteri as to prevent fatal hemorrhage, and possibly, sometimes deliver so speedily as to save the child.

In cases of prolapsus of the funis umbilicalis, the fold may be completely returned by placing it between the ends of the fingers of the Extractor, when it will rest upon the bunch of silk band as prepared for introduction, by which it can be carried entirely above the head and held there until the head is delivered.

The difficulty of describing an instrument that is entirely unique, may prevent me from making myself understood without exhibiting it, but I think no one will fail to see its plausibility, upon an examination of the Extractor itself.

That it will fill most of the indications pointed out, I have no doubt, but extensive experience must be the test of the range of its usefulness.

Chicago, April 15, 1850.

ARTICLE VI.

A Case of Uterine Hemorrhage—By Isaac E. Thayer, M.D., of Grand Prairie, Wis.

On the evening of the 27th January, I was summoned to attend Mrs. E. H., in labor with her first child. On my arrival I found the uterine contractions irregular; os uteri but very little dilated, the soft parts in a rigid and unyielding state.—Accordingly I administered Tartarized Antimony 2 gr., Gum Opii 2 gr, and after the space of two hours the soft parts became quite yielding, and the labor advanced regularly until the head arrived at the inferior strait of the pelvis, where it met with some resistance on account of the large size of the head. I applied the forceps and delivered without much trouble. On examination I found the placenta adherent over its *whole* surface; the uterus was excited to contraction by external friction, and grappling the abdomen, which availed nothing in the expulsion of the placenta. I then proceeded to deliver, by introducing my hand and seperating its attachments, which resulted in a *profuse and alarming* hemorrhage, producing syncope in the space of three minutes. I immediately compressed the abdominal aorta firmly, while the contractions of the uterus were produced by the administration of fifteen grs. Ergot, and a continuous stream of cold water falling, the distance of eighteen inches upon the abdomen. The alarming symptoms soon subsided, and the mother and child are both doing well at this time.

ARTICLE VII.

Western Medical Society of the State of Wisconsin.

A Convention of Physicians and Surgeons from the counties of Iowa, Grant, and La Fayette, and State of Wisconsin, assembled in Shullsburg, La Fayette Co., the 4th day of December, 1849, and proceeded to organize a Medical Society, which is called the "Western Medical Society of the State of Wisconsin," and the following named persons were elected for one year, to the various offices respectively, as follows:

Dr. J. W. Clark, of Plattville, President; Dr. A. P. Ladd, of Shullsburg, Vice President; Dr. Geo. D. Wilber of Mineral Point, Recording Secretary; Dr. J. S. Russell of Plattville, Corresponding Secretary; Dr. G. W. Phillips of Dodgeville, Treasurer; Dr. H. Van Dusen of Mineral Point, Dr. A. P. Ladd, of Shullsburg, and Dr. J. W. Clark of Plattville, Censors.

A series of By-laws, Orders, &c., were adopted by the Society, and also the Code of Medical Ethics, recommended by the National Medical Convention in 1847. Several of the popular movements of the day, were touched, without any definite action upon them.

Resolutions approving of the National Medical Conventions, and American Medical Associations, were introduced and unanimously adopted, and a copy of their proceedings ordered for the Society. Dr. H. Van Dusen, was chosen delegate to attend the latter at its next meeting.

The best feeling pervaded the meeting, and all seemed determined to stop the inroads of quackery in any of its various forms; to assist in promoting the harmony and interests of the Profession of Medicine, and in elevating the standard of Medical Education.

The Society holds its sessions semi-annually, and its next meeting will be held at Mineral Point, the first Tuesday of June, 1850.

GEO. D. WILBER, M.D., *Recording Secretary.*

Part 2.—Reviews and Notices of New Works.

ARTICLE I.

Transactions of the American Medical Association, Instituted 1847. Vol. 2 pp. 956, 8vo. Philadelphia: printed for the Association, by T. K. & P. G. Collins, 1848.

This anxiously expected volume has at length appeared on our table. The vexatious delay in its appearance was owing to the want of punctuality on the part of the various Committees, in furnishing their reports, and returning the proof sheets to the Publishing Committee. This statement is due to the Committee, in order to exonerate it from the charge of tardiness, which was everywhere being preferred against it. It is but common justice that the blame should attach to the proper persons.

The mechanical execution of the volume is excellent. We regret to see that a number of typographical errors of a vexatious character, have crept into the body of the work. We allude to the frequent misprint of the names of authors alluded to in the various reports. We suppose, however, that it is next to impossible to bring out such a volume, without mistakes of this character.

As this is, to the American Physician, the most interesting and important medical publication of the year, we shall not apologize to our readers for going somewhat into detail in our notice of its contents.

In the first part of the volume is contained the minutes of the session of the Association, an abstract of which we have already presented to our readers, in a preceding number.

The first report in the volume is that from the Committee on the Medical Sciences. To this report we have a few objections. The chairman of the Committee sets out by informing us that although instructed by the Association, to confine the report to the progress of the Medical Sciences in our own

country, he had deemed it best to embody the discoveries in this department the world over. Now we have no doubt the entire profession concurs in the propriety of the instructions given by the Association to the Committees, and we do not recognize the right of the Committee to set at naught the specific directions laid down for its guidance. We are also informed by the chairman of the Committee that his files of American Medical Journals was found to be incomplete, and that this defect was not noticed until too late to remedy it. Of course this renders the report to some extent defective. We are told, however, in this report, that the Committee appointed for the present year, will probably be more careful in in this particular: and we hope the prediction will be verified. We are not informed whether or not the Committee's files of European Journals were incomplete; but we infer, from the abundant reference to them, that they were not.

We submit a brief synopsis of the more interesting points of this report, which have not heretofore been brought to the notice of our readers. Prof. Parker has revived the views of McIntosh, touching the pathology of Dysmenorrhœa, and gives the following result of Treatment.

"Pathology of Dysmenorrhœa.—Professor Parker has treated a number of cases of dysmenorrhœa within the past year, upon the theory that the difficulty lies in the narrowing of the os uteri, and perfect success has attended the practice. He relieves the stricture by introducing a bougie of sufficient size, precisely as he would remove ordinary strictures from the urethra. From much observation, he is satisfied that many, if not most, cases of dysmenorrhœa depend upon this mechanical obstruction, and that the mechanical treatment proposed will save numbers of the sex from years of intense suffering, and relieve them from the evil of sterility."

Dr. Cartwright is responsible for the following, in which, the rapid increase of Western population is accounted for, in the most natural and satisfactory manner in the world:

"CAUSES OF MORTALITY IN THE VALLEY OF THE MISSISSIPPI.—Dr. Cartwright refers the mortality of the States west of the mountains to three principal causes. 1st. Malaria, and the too common practice of treating malarious or bilious affections, congestive fever, pneumonia, &c., as the diseases of hyperborean Europe are treated. 2dly. The large amount of adulterated, stale, and worthless medicine brought into those States and used by physicians. 3dly. The immense consumption of nostrums and patent medicines of all kinds by the "western people in attempting to doctor themselves." The mortality of the Western States does not appear as conspicuously as it ought, "owing to the women in the Mississippi valley being twice as *prolific*, or nearly so, as the women east of the Alleghany mountains. For every 1000 women east of the mountains, between the years of 15 and 50, there are only on an average about 1200 children, or persons under 15 years of age; while, for every 1000 women between 15 and 50 west of the mountains, the average number of children or persons under 15 years of age, is 2200. Owing to this greater fecundity of western women, if there were no emigration from the east, and the mortality in the west was the same, the west would double its population in nearly half the time of the east." But it does not do this, allowing for what it gains and the east loses by removals, and the deficiency is occasioned by the greater mortality of the valley of the Mississippi."

On page 97 we find a description on the therapeutic properties of Quinine. Dr. Booth "concludes that the power of the medicine depends on an *anti-congestive* property, the result of a tonic action on the nervous system." He thinks periodicity is always to be met with Quinine, whether inflammation be present or not; and then, inconsistently enough, discourages its use in Remittent Fever. Dr. Shanks regards it as a sedative, and administers it in acute inflammations.—Dr. Mendenhall thinks that although Quinine has some properties peculiar to itself, it must be classed as a stimulant. Dr. Brickell relates a case of traumatic tetanus, treated by large doses of this drug. 30 grs. in 60 drops of laudanum,

were administered twice in one day, and three times the following day, with entire relief; and this, after chloroform had failed to alleviate the spasms.

Under the head of Medical Jurisprudence, some interesting items of information are given. Calcined Magnesia is strongly recommended as an antidote to Arsenic---the remedy to be administered *pro re nata*. The Carbonates of Potash and Soda are recommended as antidotes to the Chloride of Zinc.

At the close of this report is a careful, well written summary of the present condition of our knowledge on the subject of Anæsthetics. In our opinion, this is the most valuable portion of the report; but as it is itself an abstract, and as many of its most interesting points have already been presented to our readers, we content ourselves with heartily subscribing to the sentiment with which the report concludes: "That finally, with all the drawbacks upon them, Anæsthetics form a most precious contribution to the resources of our art."

The next document in the volume is the report of the Committee on Practical Medicine. Of all the Committees, we should suppose this one had the most difficult duty to perform. To collect the history of the epidemics and endemics over so large an extent of country as ours, would require that the Committee should be composed of persons from all quarters of the country, and that each member should industriously co-operate with the chairman.

The author of this report (Dr. D. F. Condie), is well known to the profession as a gentleman of most extensive research, and indefatigable industry; and we may therefore rest assured that no labor and pains have beeen spared to render the report interesting and valuable.

The principal epidemics of the year ending May 1849, were Typhus or Ship Fever, Erysipelas, Dysentery, Cerebro-Spinal Meningitis, Yellow Fever and Cholera.

Appended to the Report, are, First, A Report on *The More Prevalent Diseases of Swedesboro, N. J., and its Neighborhood, during the year* 1848: By Dr. J. F. Garrison.

Second, *An Account of the Dysentery, as it prevailed in Cambridge, Mass., in the years* 1847 *and* 1848: By Dr. Morrill Wyman. Dr. W. Placed his main reliance on Opium; and his treatment seems to have been attended by very satisfactory results.

Third, *On Bilious Fever, as it prevails in the Eastern portion of New Jersey:* By Dr. J. Fithian. Dr. F. thinks that when the fever is high, the best mode of treatment, is to precede the use of purgatives and quinine, by bleeding.

Fourth, *On Erysipelas, as it prevailed in the Eastern portion of New Jersey; with some Remarks on Erysipelas of the Respiratory Mucous Membrane:* By Dr. J. Fithian. His mode of treatment presents nothing peculiar.

The next document in order is the excellent report of the Committee on Surgery. This is short, concise, and very much to the purpose. The first part is taken up with a summary of Anæsthesia in Surgical Practice.

Of the Gutta Percha as a surgical appliance, the Chairman speaks as follows:

"Very recently, if not within the last year, a new, and remarkable material has been furnished to the profession, for the mechanical treatment of fractures. The Gutta Percha, to which we allude, possesses a property by which, when immersed in hot water, it becomes as plastic as wet paper. On cooling, it instantly recovers its firmness, which is almost equal to that of horn, retaining whatever form may have been impressed upon it when warm.

"This property will, at once, suggest to any one who has employed the starched bandage, the usefulness of the article, in the formation of moulded splints. We have, however, searched the communications of our correspondents, as well as the journals, in vain, for any reports of its use by *American* surgeons. Another year may furnish interesting facts in re-

lation to it. We have ourselves employed it with great satisfaction in fracture of the patella and of the leg. Prof. Wiltenberger, of Baltimore, is now employing this form of splint in treating a case of ununited fracture after resection. He informs me that it accomplishes the mechanical purpose with beautiful precision."

Prof. Pope has used with good results, in the treatment of fractures of children, splints formed by saturating strips of linen with Collodion. He regards such a splint as superior to the starch or dextrine bandage. Our readers will perhaps recollect that a great noise was made sometime since, concerning Jarvis' *Patent* Surgical Adjuster. The fact of the apparatus being patented, led us to infer that there was probably something wrong about it; and we see that it is herein condemned as a deficient and unsatisfactory instrument.---Prof. Smith presented to the Association, a new method for the treatment of dislocation of the shoulder, which we here furnish to our readers:

* * * * "Its peculiarity chiefly consists in the application of the counter-extension to the opposite wrist, extension being made from the wrist of the dislocated member. Steady traction from the two wrists, in the horizontal direction, will be observed immediately to erect the head, neck, and chest, and to restore the symmetry of the two sides of the body. This at once calls to our aid the action of numerous muscles. The object of counter-extension, is, of course, to fix the scapula of the injured side. Traction from the opposite side most effectually does this, first, by erecting the spine, which otherwise yields to the extension, and, more directly, by communicating support to it through the clavicles which in front fix the two scapulæ together, and behind through the muscles and tendons, which effect the same on the back. Support one scapula and you necessarily sustain the other.

We accomplish reduction, in many instances of dislocation into the axilla, by simple traction, for a few minutes, from the two wrists. In difficult cases we place the patient on a chair,

pass a band (sheet or towel) over the top of the saapula and tie it beneath the chair. The knee of the surgeon is then placed in the axilla, and traction is made steadily from the two wrists, till the muscles are observed to yield, and the head to be disengaged. Then the surgeon directs the arm to be depressed, while at the same moment he urges his knee into the axilla by extending his foot. We have succeeded thus in cases of two months' standing, and where other methods in judicious hands have failed. Indeed, we now practice no other method."

Dr. Bigelow uses Gutta Percha for taking impressions of stricture of the Uretha:

* * * * "He employes it thus: A bougie of this material is oiled, and then its point is passed to and fro rapidly, in the flame of a candle, till the nail will indent it. If it be now quickly passed down to the stricture and urged against it, with a force equal to an ounce or two of weight, and then allowed to cool during three or four minutes, it will retain, when withdrawn, a perfect impression, thus furnishing to the operator information, which will give precision to the mechanical means subsequently resorted to."

The report on Obstetrics is somewhat incomplete. The Chairman being incapacitated by continued ill health, from discharging the duty imposed upon him, a brief report was furnished by another member. There are two points which we deem worthy of notice, and therefore present them. The first has reference to treatment of Occlusion of the Vagina:

"This state of parts, resulting most commonly from injuries suffered during parturition, but sometimes from acrid leucorrhœal discharge, and sometime existing congenitally, has fallen under the notice of most obstetricians. During the past year, a new operation has been performed by Dr. A. P. Hayne, of Charleston, S. C. The adhesions of the vaginal wall were broken up by the preserving use of compressed sponge, and at the end of ten weeks the canal became pervious, and

the retained menstrual fluid, which had been collecting for more than a year, was discharged; she did perfectly well.—This operation, if hereafter found effectual, has obvious advantages; on the one hand, over the use of the knife, as avoiding the great danger of cutting into the bladder or rectum; and on the other, over the operation by laceration, practised by Amussat, as inflicting much less pain. and producing less local and constitutional irritation. It deserves to be borne in mind as an available means of relieving cases of great danger and difficulty."

The second is a new mode of managing Placenta Prævia.

"It is to the active and original mind of Prof. Simpson, of Edinburgh, that we owe the revival of a practice first suggested by Mr. Kinder Wood, of Manchester, who proposed to separate the placenta entirely from the uterine surface. as a means of checking hemorrhage in placenta prævia. This new practice is advocated on three distinct grounds.

"1st. The old plan, of rupturing the membranes and turning the child, has been, according to recorded experience, singularly unsuccessful, one in three of the mothers perishing, and the proportion of children saved being inconsiderable.

"2d. In not a few cases, the rigidity of the os and cervix uteri renders the operation of turning exceedingly difficult; indeed, almost impossible; and, when performed under such circumstances, it is nearly always and of necessity fatal.

"3d. The detachment of the placenta will, in the vast majority of cases, immediately and effectually check the hemorrhage."

We here close for the present our notice of this valuable and interesting volume. We will, in a future number, resume the subject; as we feel assured that our readers cannot but be gratified with a summary so purely the exponent of professional progress in the United States.

This volume may be obtained by remitting Three Dollars to Dr. Isaac Hays, Philadelphia. M.

ARTICLE II.

Principles of Human Physiology, with their chief Aapplications to Pathology, Hygiene, and Forensic Medicine.—By WILLIAM R. CARPENTER, M.D., F. R. S., F. G. S., Examiner in Physiology in the University of London; corresponding member of the American Philosophical Society, and of the National Institute of the United States; Lecturer on Physiology at the London Hospital Medical School. Fourth American Edition, with extensive additions and improvements by the Author. Two Plates and three hundred and four wood-cuts. pp. 750, 8vo. 1850.—Lea & Blanchard, Philadelphia. (From the Publishers.)

Altogether this is the best text book within the reach of the Medical student. Its author is a highly distinguished Anatomist and Physiologist, and his work gives evidence of extensive, patient, and discriminating research. The volume before us is a complete summary of all the modern discoveries and doctrines of the most distinguished physiologists, and is therefore superior, as a text book, or work of reference to any other now in the market.

The Author has, in our opinion, improved his work by the substitution of more rational views of the Nervous System, than those contained in the former edition. For however ingenious and plausible the theory of Marshal Hall, it lacks the exactness necessary to produce conviction in an inquiring and candid mind. The chapter on Generation has also undergone thorough revision and alteration, and may be regarded as containing the received doctrine on this interesting topic.

At the close of the volume is an appendix containing two short chapters; the one devoted to Phrenology, the other to Mesmerism. We are pleased to see on record in a standard medical work, accessible to the entire profession, a summary

of the anatomical and physiological facts, which in our opinion, entirely invalidate the conclusions of the Phrenologists. The chapter on Artificial Somnambulism and Mesmerism, though not as full as we could desire, is yet very interesting, and suggestive to the physiologist and mental philosopher, of many important reflections.

There is one circumstance connected with the appearance of this volume, which is worthy of remark. This edition was specially prepared for the American market, the demand here having anticipated the exhaustion of the last English edition. We would infer from this, that medical books meet with a much more ready sale here, than in Great Britain. This being the case we regret that the demand cannot be supplied by native productions. The enterprising gentlemen who have brought out the present volume (and in praise of whom as medical publishers, too much cannot be said) would doubtless just as readily pay for an American as an English work; and although Dr. Carpenter's volume is a valuable one, we doubt not there are amongst us those who are capable of producing one equal to it in every respect. We hope therefore, that by the time the present edition shall have been exhausted, an American Author will have a volume prepared to replace it. M.

ARTICLE III.

On the Diseases of Infants and Children.—By FLEETWOOD CHURCHILL, M.D., M.R.I.A.; Hon. Fellow of the College of Physicians, Ireland; Hon. Member of the Philadelphia Medical Society, etc., etc.; Author of "The Theory and Practice of Midwifery," "on the Diseases of Females," etc. pp. 623. oct: Philadelphia: Lea & Blanchard: 1850.—(From the Publishers, by Express.)

We have not time to read and give an extended notice of this work in the present number. The writings of the author are familiar to the profession in America; and from the high reputation of former works, we doubt not this will receive an extensive patronage.

One new feature presented, we must notice, i. e., it was written expressly for the American Publishers. This is then not a re-print of a European work, but an Original European work published in America. While we award to Dr. Churchill great ability in compiling medical works, we very much doubt whether he will have furnished a work better adapted to the wants of American Practitioners, than those of some of our native authors upon the same subject. While the enterprising publishers are certainly not to blame for publishing such works as sell best, it is humiliating to our national pride to see with what avidity every thing in the way of medical literature from Europe, is gathered up by the profession, and often to the great neglect of equally good, if not better native productions.

We will endeavor to give a more extended notice of this work hereafter. E.

ARTICLE IV.

A Practical Treatise on the Diseases of Children.—By D. Francis Condie, M.D., Secretary of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society; Honorary Member of the Philadelphia Medical Society, etc. Third Edition. Revised and Augmented. pp. 696: oct: Philadelphia: Lea & Blanchard: 1850. (From the Publishers, by Express.)

This standard work upon the Diseases of Children is improved in this edition by a careful revision by the author, and the addition of an entire chapter upon Epidemic Meningitis, "a disease which, although not confined to children, occurs far more frequently in them than in adults."

We have no hesitation in saying it is one of the very best works upon the subject extant. This edition is got up in remarkably good style, quite worthy of the high reputation of the publishers. E.

ARTICLE V.

The Cholera in Cincinnati: or a connected view of the controversy between the Homœopathists and the Methodist Expositor.—Also a Review of the Report read before the Homœopathic Association.—By S. A. Latta, M.D. pp. 40. 8 vo.

We cannot go very much into detail in a notice of Dr. Latta's pamphlet; indeed we do not know that it is necessary.—We will however, present our readers with a brief synopsis of it.

Certain persons in the Queen City, *soi disant* doctors, issued a bulletin setting forth that they had, during the late epidemic in that city, Homœopathically treated 1116 cholera patients—of whom 474 were Americans and the remainder principally Germans—and lost but two Americans and thirty-three Germans; and that the remedy they used was strong tincture of Camphor in doses equal to one or two drops every five minutes. Dr. Latta reviewed the report, in the Methodist Expositor, of which he is the editor: setting forth in the first place, that no one but a charlatan would blow his own trumpet in the manner these persons had done; next that according to their own showing, they had abandoned Homœopathy; and lastly, that the report was false. In proof of its falsity he stated that he was cognizant of the fact, that at least nine Americans had died in their hands.

Hereupon the Homœopaths addressed the Doctor a reply which is about as complete a specimen of unlettered rudeness as ever came under our notice; or, to use Dr. Latta's phrase in speaking of it, "it is a confused tissue of insinuations in very bad English." Dr. Latta replied and gave the names and residence of the nine Americans before referred to. This raised a commotion in the Homœopathic camp, and a committee headed by a lawyer and a parson (*par nobile fratrum*) came to the rescue of their beloved leaders. These gentlemen took issue with the Doctor, not only on the question of facts; but, with a confidence in their own extensive acquirements very entertaining to reflect upon, on the subject of the action of remedies. The result of their investigation was to throw a doubt over the statement of Dr. L., so far as three cases were concerned, leaving the other six intact, and of course not helping the case a particle. Pending the investigation of these gentlemen, they were requested to withhold their report for a short time; Dr. Latta promising to furnish them some more statistics. But they very wisely declined his offer, as they doubtless began to fear that the matter would

end in demonstrating that their doctors were impostors, and themselves dupes.

In the mean time Dr. Latta furnished the names and residence of nine other American patients who had died in the hands of these doctors, and avers that he has a list of fifty or sixty Germans, which he will add to it when called for.

Mr. Taft (the legal member of the committee) is a queer lawyer, and has peculiar notions of evidence. In making his investigation, he summons the accused doctors, and says, "*Messieurs* you are not guilty, are you?" they indignantly answer no; and on their own testimony he acquits them; for he acknowledges that his evidence is obtained partly from the attending physicians. He also refers to a statute of Ohio, which, Dr. Latta very satisfactorily shows, has no existence. Mr. Taft is thus made to occupy a very ridiculous position, and we feel sorry for him; but he doubtless remembers the maxim of the old Roman law "*ignorantia legum neminem excusat.*" As to the Rev. gentleman who is associated with him, we have only to suggest for his improvement, that text which intimates something in reference to zeal not according to knowledge.

We have no disposition to review the controversy contained in this pamphlet concerning the therapeutic properties of Camphor; as we do not suppose our readers would be thereby edified. Neither is it necessary to follow Dr. Latta's demonstration of the absurdity of these two Homœopaths' assertion that they made probably as many as fifteen thousand professional visits—exclusive of obstetrical and office business—in three months. We therefore close this brief notice with the sincere hope that the inhabitants of Cincinnati may have the good sense to infer that there must be something wrong about a medical theory which requires for its support, unblushing falsehood on the part of its practitioners, and ignorant sophistry and testimony incompatible with all rules of law or logic, on the part of its advocates. M.

ARTICLE VI.

A Systematic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian, and Esquimaux Varieties of its Population.—By DANIEL DRAKE, M.D. pp. 878. 8vo. Cincinnati, Winthrop B. Smith & Co.;—Philadelphia, Grigg, Elliott & Co.; New-York, Mason & Law: 1850.

We have received the first volume of this work too late for an extended notice in this number, but will pay attention to it in our next. However, we cannot refrain from congratulating the American Medical Profession upon the appearance of *an Original Medical Book*, and one that will be highly entertaining, and to the Western Physician, full of the most important information.

Prof. Drake's extensive observations through a long series of years, made with special reference to the production of the work; his erudition, pleasing style, and great ability, have raised the public expectation to the highest point, and we are glad to be impressed with a belief, by a glance over this volume, that they will not be disappointed.

We think it very unfortunate that a small edition only has been published, for there ought to be a demand for a very large one in the great "Interior Valley of North America." E.

ARTICLE VII.

Ranking's Abstract of the Medical Sciences, and Braithwaite's Retrospect continue to make their regular semi-annual visits to our table, and continue to receive a hearty welcome, as valuable repertories of the improvements in Medical Science. They are republished in this country; the former by Lindsay & Blakiston of Philadelphia; the latter by Daniel Adee, New York. Terms $1,50 per annum in advance.

Part. 3 — Selections.

ARTICLE I.

On the Treatment of External Hemorrhoids by Potassa Fusa.—By Dr. F. C. Jones, Surgeon to the South London Dispensary.

[Dr. Jones states that within twelve months he has treated between sixty and seventy cases of external piles with undeviating success, by the means which he here describes. He says:]

Observing that in all cases of spontaneous cure of external hemorrhoids, they primarily slough, I was led to think that if nature obliterates the vessels by sloughing, it is feasible that artificial means might induce the same remedial action.

In turning over in my mind the action of various remedies likely to produce this condition, it struck me forcibly that potassa fusa was precisely the agent required. I forthwith determined to apply it to the first case that came under my care, and the results were, that upon the first application the patient complained of a burning sensation, which passed off in the course of half an hour; at the end of four days the parts were considerably diminished in size, and by brushing a piece of lint quickly over the part I removed the superficial slough, and again applied the potassa fusa; the same treatment was followed at the interval of four days, at the end of which time they had entirely disappeared, leaving only a slight sore, which healed within a week.—*Lancet, Sept.* 8, 1849, *p.* 277.

ARTICLE II.

Treatment of Ulcers by Means of Opium.—By F. C. Skey, Esq., Surgeon to St. Bartholomew's Hospital.

In the summer of last year Mr. P., a gentleman residing in Montagu-square, a governor of St. Bartholomew's Hospital, placed himself under my charge, with a large chronic ulcer on the calf of the right leg. Its margin was irregular and jagged, and was elevated to at least one-third of an inch above

the base of the ulcer, which base was pale and bloodless.—This wound was about the size of a man's extended hand, including the fingers, or even larger. It had existed for, I think, seventeen years. All remedies had failed, and the cure had long been abandoned as hopeless. I gave Mr. P. half a grain of opium night and morning. In three days he himself noticed the singular red color of the entire margin of the ulcer, which in a week extended over the base. I rolled and strapped the limb; the entire sore consequent on its depressed surface being placed beyond the influence of the pressure. Within two months that sore was reduced *to the size of half-a-crown*, and the *only remedy employed was half a grain of opium night and morning*, which, by-the-bye, had a very beneficial influence on his health.—*Med. Times, July* 21, 1846, *p.* 61.

ARTICLE III.

Tannate of Quinine.—By R. H. Thomas, M. D.

[The following on a combination of tannic acid with quinine, we extract from the Amer. Med. Journal for April.]

I have prescribed it in a number of instances, and found that whilst it was equally effectual, it was far more palatable than any other combination of quinine I was acquainted with. On referring to the *American Journal of the Medical Sciences*, Vol. XIX. p. 219 (1836), it will be found that Dr. Ronander, Secretary of the Swedish Medical Association, recommended, in 1834, the tannate of quinine and cinchonin as the most active ingredients of the Peruvian bark; he asserts that he has cured by their means, several cases of obstinate ague, which had resisted the use of sulphate of quinine, and other powerful remedies, &c. &c. Nothing is said in the extract, from the original paper in *Hecker's Annals*, December, 1834, of the taste of the tannate of quinine. Compared with the sulphate, it is almost tasteless.

The following is the extemporaneous prescription I am in the habit of ordering for a child two years old: ℞. Quiniæ sulph. gr. x; acid. tannici gr. ij; aqua ℥vj; syrup aurant. ℥ij. M. A teaspoonful every hour or two.

Part 4.—Editorial.

ARTICLE I.

FREE MEDICAL SCHOOLS.

MESSRS EDITORS:—

I find in the February number of the Western Lancet, some remarks in reply to my observations on Free Medical Schools, contained in the January number of your Journal. The only part of the article, however, which bears any semblance of argument, is embraced in the two following paragraphs.—"Professor Davis refers to free teaching in France, and intimates that it has resulted in elevating the profession of that country, and supposes that the same result would follow here. The illustration is singularly inapt; for in France, the most rigid laws exist, prohibiting irregular practice. If each state, (or so many as have suitable localities,) would endow medical colleges, and then by legislative enactment prohibit all from practicing who were not graduates of those colleges, the plan might become beneficial; but as such restrictions can never be secured, it is altogether absurd to discuss such contingencies."

"It is estimated by Prof. D. that this system would induce pupils to study longer, and consequently more accurately. Our experience teaches the contrary. Most, if not all schools, admit pupils free to a third course, and yet how small a proportion avail themselves of this system? Not one in fifty! They are not even willing to pay the expenses of board, for the privilege of attending three or more courses."

The editor of the Ohio Medical and Surgical Journal, quotes these paragraphs, and rather *naively* adds:—"We leave Prof. Davis, to make a satisfactory reply to these strictures as best he may."

If we scan these propositions a little, we shall find them to contain the following elements, viz;—First; in France where the most stringent laws prohibit all irregular practice, it does very well to make medical schools altogether free. Second; if the same prohibitory laws existed and were enforced in this country, the same system of schools "might become beneficial." But as such restrictions on irregular practice, do not exist here, and cannot be enacted, nothing but the most disastrous results could follow from making *medical tuition free.* In other words, whenever regularly educated medical men, are fully protected by law, and enjoy an entire monopo-

ly of medical business, it is perfectly right and beneficial to give them their education gratuitously, that is, in *Free Medical Schools*.

But whenever they are left entirely unprotected, to compete with all the forms of quackery that human ingenuity can invent; and where every man can be a *doctor* who chooses, it is absolutely necessary that the few who would be educated, should be made to pay well for their knowledge. I am certain that no one but a Philosopher, could have broached such a doctrine; for a man of plain common sense would certainly have reversed the whole, and said that when the profession was effectually protected from all irregular competition, its members could well afford to pay high fees for tuition in colleges—while in those countries where every one is allowed to practice as he pleases, college-fees should be reduced to the lowest point, or entirely abolished; for the purpose of inducing as large a proportion of those who are determined to practice, to become educated, as possible.—We have often heard of parents, who expose their children to inclemency of weather and other hardships, for the purpose of making them *tough* and *hardy*; but we are certainly indebted to our friend of Cincinnati, for the idea, that the educated portion of our profession are rendered better able to protect themselves, and compete successfully with unrestricted quackery, by pretty thoroughly exhausting their pockets during the period of their pupilage. The truth is, that wherever all unlicensed practice is effectually prohibited by law, the exacting of high fees by medical colleges, would truly tend to limit the number of practitioners, and thereby lessen competition in practice.

But when, as in this country, no prohibition whatever exists, every man or woman being allowed to dabble in medicine who choses; the maintainance of high charges can have no other possible effect than to limit the number who become educated, and increase in the same proportion the number of the uneducated; while the lower you make these charges, the greater will be the proportionate number who will be induced to prepare themselves properly for their calling. Hence, if our allusion to France as an illustration of the beneficial effects of free medical schools, was in anywise *inapt*, that inaptness was entirely in the opposite direction from that indicated by the Lancet.

The second proposition which we have quoted from the Lancet, maintains that low college fees would not induce students to study longer, because *experience* has shown that very few will consent to pay their board, to attend a *third* course, which is now offered by all the schools *gratuitously*. If the Editor of the Lancet had stated, that the present expenses of gaining a regular medical education, by attending two full courses of lectures, were such, that they completely exhausted the pecuniary means of four-fifths of the students in the country, and caused many of them to

pledge their *credit*, for money enough to purchase a few books, a pocket-case of instruments, and medicine enough to begin the work of prescribing for the sick; and that the offer of a *third* course gratuitously, was, to the great mass of students, little better than a mockery, he would have stated a *fact*.

But does this prove that diminishing the expenses of the first two courses, one half, would constitute no inducement for the student to attend a *third*! By no means!—for both reason and experience teach the contrary. The *embellishments* which the Editor of the Lancet has introduced into his article, in the way of talk about inconsistences, "a *faux pas*," and "*ad captandum schemes*," we are not disposed to meddle with. I will correct one error, however, which seems to have given both him and the Editor of the Ohio Journal, some trouble. It consists in the statement, that while some of my *wealthy* colleagues are teaching for nothing, *I* am receiving the usual fee, viz: "*Ten dollars per ticket.*" I would state for the satisfaction of all concerned, that I receive *no more* for teaching, than the most wealthy of my colleagues. And if my highly esteemed friends at Cincinnati and Columbus, will think a little, they will doubtless see how *three tickets* can be given gratuitously to a class of students, and yet not have it follow, as a *logical necessity*, that three professors should lecture for nothing. I am gratified, however, to learn that our friend of the Lancet, "does *not* advocate exorbitant fees; on the contrary, *he* believes that even *those in their own school might be reduced a little.*" Certainly there is still hope for the cause of truth and sound policy. N. S. D.

Chicago, April 8th, 1850.

ARTICLE II.

ILLINOIS STATE MEDICAL CONVENTION.

We are gratified to hear, from the members of our profession in different parts of the state, that the prospects are good for a large, and general meeting of the physicians of Illinois, at Springfield, on the first Tuesday of June next. From Chicago, quite a number will go. And why not have a regular mass meeting of the profession? The objects are good, and the plan we doubt not meets the hearty approval of every intelligent and devoted member of the profession. The season of the year is that at which the health of our country is generally the best. The travelling facilities are

then as good as at any other period; and the weather is usually pleasant. Under all these favorable circumstances, let each of our readers in Illinois, take the matter home to himself, and see if there be any good reason why he should not himself go, for all are privileged, and solicited to attend.—Can he not afford to spend the time once in his life, to meet in council, and friendly communion, his professional brethren? Can he not see in the addition it would make to his means of enjoyment, and the improvement both to his head and heart, that would almost inevitably result, that he would be greatly the gainer by going?

But we put the thing upon the higher ground of duty. Every physician that has the good of his fellow man at heart, is under obligations strong and binding, if in his power, to attend. For by the influence of association, we may very materially improve in our knowledge of diseases, and the means of curing them. Certainly annual reports from the able and talented members of our profession, in different parts of the state, can but exert this influence. And in proportion as we improve the means of curing disease, we elevate the standard of our profession. This is the key to me lical reform. He who points out the means of curing one disease not before understood, does more to elevate the profession, than the enactments of an hundred Legislatures, for our protection. If community don't want protection against quacks, surely the profession does not. And those who use the means of improvement, by which they learn how more successfully to combat disease, are exerting more powerful influences to promote the good standing of our calling and to suppress quackery, than all they who write homilies upon professional dignity, or vend their sarcasm against empiricism.

Duty: yes, it is a duty to promote the improvement of all, by collecting together the experience, improvements, and wisdom of the various observing men in our ranks, by which we may all be enlightened, especially in reference to our endemic diseases, and hence become the better qualified to discharge the high and responsible duty of relieving the woes and infirmities of our fellow men. Pleasure, interest, and duty, each emphatically, say to all who can, go to the convention, and lend your influence to carry out its benevolent designs.

Profs. Branard, Blaney and Herrick have been appointed delegates from Rush Medical College. E.

ARTICLE III.

GRADUATES IN RUSH MEDICAL COLLEGE—SESSION OF 1849–50.

At the Annual Commencement of Rush Medical College, held Thursday, Feb. 7th, 1850, the degree of Drctor of Medicine was conferred on the gentlemen, whose names, with the titles of their Inaugural Theses, are annexed:

Name.	*Residence.*	*Title of Theses.*
J. L. Anderson,	Illinois,	Fever.
Cyrus G. Blood,	Iowa,	Circulation of the Blood.
Clay Brown,	Indiana,	Ophthalmia.
Henry F. Brown,	Illinois,	Depression and Depressing Agents.
William F. Coleman,	"	Dyspepsia.
Kimball Favor,	"	Materia Medica.
Edward J. French,	"	Pneumonia.
John Gregory,	"	Hydropathy.
Samuel Rush Haven,	"	Free Medical Schools.
Isaiah P. Hamilton,	Wisconsin,	Cause & Effect of Marsh Miasmata.
George Higgins,	"	Cholera.
Orson C. Hoyt,	New-York,	Cholera.
Alexander Hull,	Illinois,	Miasmata.
Franklin B. Ives,	"	Typhoid Fever.
Thomas G. Klepper,	Minnesota,	Fever.
M. Tevis Klepper,	Illinois,	Remitting Fever.
Charles J. Macon,	Iowa,	Tetanus.
Manly Miles, Jr.,	Michigan,	Pathological Changes of the Blood.
Risdon C. Moore,	Indiana,	Cholera Infantum.
Alonzo L. McArthur,	Illinois,	Etiology and and Pathology of Phthisis Pulmonalis.
William C. Oatman,	"	Chymification.
Silas S. Parkhurst,	Michigan,	Scrofula.
William J. Paugh,	Illinois,	Pneumonia Biliosa.
William W. Perry,	Michigan,	Peritonitis.
John M. Phipps,	Indiana,	Cholera.
Giles P. Ransom,	Illinois,	Pathology of Fever.
David Rogers,	"	Pernicious Fever.
Josiah R. Snelling,	Ohio,	Science of Medicine.
John W. Spaulding,	Illinois,	Typhoid Fever.
Benjamin G. Stephens,	"	The Influence of Correct Theories in Medicine.
Benjamin F. Stephenson	Iowa,	Hepatitis.
Edwin Stewart,	Michigan,	Inflammation,
Isaac E. Thayer,	Wisconsin,	Character and Duty of a Physician.
John M. Todd,	"	Cholera.
Henry D. C. Tuttle,	Michigan,	Neuralgia.

Name.	*Residence.*	*Title of Theses.*
James P. Walker,	Illinois,	Bilious Remitting Fever.
Harmon Wasson,	"	Epidemic Cholera.
George S. Wheeler,	"	Hematemesis.
Zachariah H. Whitmire,	"	Fever.
Thomas Wilkins,	"	Treatment of Diseases in the West.
Wm. W. R. Woodbury,	"	Pneumonia.
James R. Zearing,	"	Ophthalmia.

The Honorary Degree of Doctor of Medicine was conferred on Dr. E. S. Cooper, of Henderson, Ill., and the *ad eundem* Degree on James S. Whitmire, M.D., of Metamora, Ill.

ARTICLE IV.

STATISTICS OF MEDIDAL SCHOOLS—1849–50.

	Students.	*Graduates.*
University of Pennsylvania,	438	
University of the City of New-York,		111
Harvard University,		23
College of Physicians and Surgeons, N. Y.,		49
Medical College of Ohio,		42
Buffalo University,		27
Yale College,		16
Rush Medical College,	120	44
Albany Medical College,	100	26
University of Louisville,	376	113
Transylvania University,	92	32
University of St. Louis,	110	
University of Missouri, (St. Louis),	110	
Medical College of Evansville,	40	6
Indiana Central Medical College,	50	10
Starling Medical College,	154	
Jefferson Medical College,	516	211
Pennsylvania Medical College,	106	34
Medical College of Georgia,	179	44
Berkshire Medical College,	93	23

ARTICLE V.

CHICAGO MEDICAL SOCIETY.

A meeting of Physicians of Chicago was held at Drs. Boone and M'Vickar's office on the 15th ultimo. After considerable discussion a Society was organized, and a Committee appointed to draft a Constitution for its government.

On the 19th ult. the Society met again, and after adopting a Constitution, elected Dr. L. D. Boone, President; E. McArthur, Vice-President; B. McVickar, Secretary, and Drs. Evans and Boone Delegates to the American Medical Association.

Much good feeling was manifested, and the Society promises a career of usefulness.

The stated Meetings are to be held on the first Monday in each month.

ARTICLE VI.

DEMONSTRATIVE MIDWIFERY.

We observe by our contemporary, the Buffalo Med. & Surg. Journal, that a Demonstration of Natural Labour, was made by Prof. White before the medical class, in the University of Buffalo last winter; and that the affair went off very satisfactorily to all parties concerned. Although in the present state of society in America it is not probable that such a means of instruction will become general, or often be repeated. Still, we unhesitatingly say, that when considered properly, it is a false modesty that condemns it.

ARTICLE VII.

MISCELLANEOUS MEDICAL INTELLIGENCE.

Dr. S. H. Dickson, Prof. of Theory and Practice in the University of the City of New-York, has resigned his Chair on account of ill-health.—His place is to be filled from applications made by the first of May inst. (Short notice).

It is rumored that Prof. Chapman, of the University of Pennsylvania, has resigned his Chair in that Institution.

We observe by the papers that a new Medical School is being organized at Milwaukee, Wisconsin.

Prof. Webster has been convicted of the murder of Dr. Parkman, and sentenced to be hung, but the day of execution has not yet been designated. The reward of $3,000, offered for Dr. Parkman's body, was paid to Mr. Littlefield on 6th of April.

A Bill has been presented in the Legislature of Mississippi, requiring Physician's prescriptions to be written in English instead of Latin.

The Cholera lingers about New-Orleans, and occasionally breaks out on board of boats on their passage up the Mississippi River and its tributaries; but it does not seem to be spreading with as much rapidity as last spring.

Prof. W. L. Attee has performed his seventh operation for Extripation of Ovarian Tumors.

It is announced in the Boston Medical and Surgical Journal, that Dr.'s Forbes and Marshall Hall, are about to visit this country.

It is said that chewing a piece of orange peel just before taking cod-liver oil, masks its taste entirely.

"YANKEE DOCTORS.—Let Sir James Graham's Medical Bill come into operation, and Doctors will spring up among us as they do in America.—"Do you know what your Doctor was two years ago?" asked a Yankee not six months since of an Englishman, in Boston. "Do you know, stranger, what he was?" "No!" "Well, then, he was only a book-binder, I guess." At this news, the Englishman's jaw fell, and he returned silent thanks that his book-binder Doctor had not put him *in boards*."

Dr. G. W. Mayberry, of Alabama, says that blood externally applied is a most soothing and efficacious remedy in Erysipelas and burns.

A *Female* Medical School was to have been opened in Boston some time in April past.

Dr. Landon C. Rives, formerly Professor of Midwifery, etc., in Cincinnati College, has been appointed Professor of Materia Medica in the Medical College of Ohio, the Chair recently occupied by the late lamented Dr. Harrison.

Prof. J. K. Mitchell, of Jefferson Medical College, Philadelphia, in his late Valedictory Lecture, contends that the supply of Educated Physicians in the United States, is by no means equal to the demand.

A Belgian tribunal has decided that all professional visits by Physicians made between 9 o'clock P. M. and 6 o'clock A. M., are *night visits*.

Miss Dix, the eminent Philanthropist, has succeeded in persuading the Mississppi Legislature to build a Hospital for the Insane. An appropriation of $50,000 was made for the purpose.

ARTICLE VIII.

NORTHERN LANCET.

We have received No II of this new candidate for public favor. It seems to be of mixed character; and aims to cater to the taste of the physician, lawyer, and general reader. We doubt whether the plan is feasible: nevertheless we wish it abundant success.

It is published at Plattsburgh, N. Y. monthly, at $1 per annum, in advance.

ARTICLE IX.

OBITUARY.

We regret to learn by the newspapers, the death of JOHN H. SANDERS, M.D. of *Indianapolis* Ia, who was on his way from New Orleans to his home, when stricken down by the Cholera. He was one of the oldest members of our profession in Indiana. He spent a long series of years in the faithful discharge of his professional duties in Indianapolis; where he lived highly respected; and his loss is deeply regretted.

It has seldom been our good fortune to enjoy the friendship of one so richly endowed with those kindly feelings, and impulses of the heart, that form the true gentleman, and ornament the christian. E.

We have learned through the public prints, the death of our friend, Dr. T. W COWGILL of Greencastle, Indiana. He was selected to fill the chair of the Principles and Practice of Medicine in the Indiana Central Medical College; but his declining health prevented him from entering on the duties assigned him. Dr. C. was a popular and useful citizen in the community where he resided, and leaves a wide circle of relatives and friends to deplore his loss. His disease was Phthisis. M.

Died, in Boston, on the 2d of March last, Dr. JNO. D. FISHER, one of the Physicians to the Massachusetts General Hospital; aged 53 years.

Died, at Ottawa, Sept. 17th. 1849, Dr. HENRY S. PRATT. The deceased was a young physician of great promise, evincing, as he did, an unusual facility in acquiring, and a great fondness for the practice of, his profession. Dr. Howland, (his preceptor,) made some feeling remarks before the Ottowa Medical Society, on the occasion of Dr. Pratt's death; and we designed publishing them, but find we have not the space.

NOTICE TO READERS AND CORRESPONDENTS.

Original communications have been received from Drs. J. J. Lescher, V. M. Saterlee, and W. Matthews.

Injections of Iodine and Iodide of Potassium in Spina Bifida and Hydrocephalus.—Dr. Brainard has employed the injection, during the past year, in three additional cases of *Spina Bifida*, with satisfactory results; and in one case of chronic congenital *Hydrocephalus*. This latter case has been six months under treatment; during wich time the operation has been repeated twenty one times. As large an amount as gr. xij of Iodine, and gr. xxxvj Iodide of Potass to oz. j of Distilled Water, has been injected into the head, at one operation, without producing inconvenient results. A full report of the cases will be furnished to our readers in a future number.

We regret that a notice of Maclise's Surgical Anatomy was overlooked in sending copy to the compositor. It shall appear in our next.

We have been compelled to abridge the obituary notice of Dr. Pratt, of Ottowa, as there has been a demand on our pages, for matter of more general interest to our readers. We may as well take this time to request our correspondents to make their communications on such subjects—and indeed all subjects, as concise as the nature of the subject will admit. We aim to give as great a variety as possible; and to accomplish this in our narrow limits, requires that we should apply the condensing process to many of the communications furnished us.

We shall hereafter add a new department to the Journal, in which we will give a summary of the more interesting articles in the American and Foreign Journals; as the large amount of original matter furnished us prevents us from extracting many articles entire.

In addition to the publications already noticed, we have received the following:—Report of the Pennsylvania Hospital for the Insane, for 1849. Seventh Annual Report of the Managers of the State Lunatic Asylum of New York.—Report of the Ohio Lunatic Asylum.—Valedictory Address to the graduating Class in the Medical Department of Transylvania University, by Prof. Boling.—Lecture introductory to the course of Surgery, delivered at the Mass. Med. College, in Boston, by Prof. Bigelow. Catalogue of Starling Medical Department of Transylvania University.—Comparative value of the different Anæsthetic Agents: by Geo. Hayward M.D.—Researches on the Natural History of Death, by Bennett Dowler, M.D.—Dental News Letter.—Annual Report of Physicians to the Marine Hospital. (From the Author, Dr. F. C. Stewart.)

We have been furnished by Messrs. J. H. Reed & Co., with a specimen of a new remedy for Epilepsy, (the Extract of *Cotyledon Umbilicus*), mentioned with approbation in No. xix of Braithwaites Retrospect.

SEARS & BAY,

[SUCCESSORS TO L. M. BOYCE.]

NO. 113, LAKE-ST., CHICAGO, ILL.

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We would respectfully call the attention of Druggists and Physicians to our usually large assortment, to which we are now, and shall constantly be adding fresh supplies, selected with great care by an experienced Druggist, in New-York, Philadelphia, and Boston Markets, and which we offer to the trade on as good terms as any house in the West.

All those who may favor us with their orders, can depend on their being executed satisfactorily, or may be returned at our expense.

CHICAGO, April, 1850.

JAMES ANDREW,

DRUGGIST AND APOTHECARY,

WEST-RANDOLPH ST.

CHICAGO, ILL.

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CHICAGO, April, 1850.